7			2:	316	CERT	IFICA	ATE OF D	DEATH			Reg. D	st. No		-	
		PLACE OF DEATH	ince Georg	es	MAR	YLAND	2. USUAL RESII o. STATE	erylan	ere deceosed	l lived. If institution b. COUNTY	on: Resider	ce (	re odmiss leorg	ion) es	
)		RURAL and give ne	outside corparate timi prest town) everly	ts, write	c. LENGTH OF STATE			ottage	WN (If outside corporate limits, write RURAL and give nearest town)						
7		OR INSTITUTION	Georges G			1	d. STREET A	DDRESS	38 <b>t</b> h	Ave.				FARM?	
		NAME OF DECEASED (Type or print)	Da <b>vi</b> d	st	Geddas	e	Anderson		4. DATE OF DEATH	th	Day 28		19 60		
	5. 5	Male	6. COLOR OR RACE White	7. MARR			8. DATE OF BIRTI	18 <b>9</b> 9		9. AGE (In years lost birthdoy) ors.	Months	Days	Haurs	Min.	
1	7	during mast af worki	N (Give kind of work on the life, even if refired etired	1	KIND OF BUSINESS OR INDUSTRY 11. BIRTH								OF WHAT COUNTR		
-	15.	WAS DECEASED EVER	rge M And IN U. S. ARMED FOR	CES? 16.	1 SOCIAL SECURITY NO	0.   11	14. MOTHER'S Amar		olemai	n. Add	ress				
			mediate DUE TO		Centre		Anna E A	f ()		luuce	City	INT	ERVAL BE		
2	CERTIFICATION	20g. ACCIDENT WA	(c ER SIGNIFICANT CON S UNDERLYING		CONTRIBUTING TO DI						/EN IN PAI	RT 1(o)	9. WAS PERFO YES E	RMED?	
	MEDICAL CER	(IF EITHER, NOTIFY / 20c. TIME OF INJURY Hour a. m. p. m.		20d. If While at warl	NJURY OCCURRED  Not while  k  at wark	20e. PL/ foc	ACE OF INJURY (I	Hame, form, bldg., etc.	20f. (City	or tawn)	(	County)		(Stat	
		21. I certify the alive an Test	at lattended the 21h	decease , 19 E	ed fram Nob Co , and tha		accurred at 43/	. ,	M, fram	the causes an reet, city or town,	d an th	ast sav	e stated	decease dabav re signe	
			r. Teil Be		m., M.D.		Нуг	attsvi	lle.,	Md					
		BURIAL, CREMATION REMOVAL (Specify) Urial	3/2/60	F	Fort Li			ery		nar Mano		d.	(Stot	e)	
N. S.	23.	F. Gasch		Hyati	ADDRESS			240 REC'E	BY REGIST	RAR 24b. REGU		GRATE	REMA		

may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremotion, or removal, ond in any event within 72 hours after death. VS A15 (4) 1SM 9/S8

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL OF

death. Poge 4

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burial-transit has attending certificate DIRECTOR: 3 shauld TO FUNERAL E page

VS A15 (4)

15M 9/5B

2391 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Pr. Geo's Co. Prince George's MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 ,g. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Suitland, Maryland 21- Years Suitland. Maryland d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE 4723- Brookfield Drive S.E. ON A FARMS 4723- Brookfield Drive. S.E. YES NO NAME OF Middle 4. DATE Month DECEASED BANNON OF DEATH RICHARD HUDSON Feb. 20th. (Type or print) 19 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last\_birthdoy) Manths Days Jan. 17th. 1895 Male Male White DIVORCED WIDOWED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Naval Weapons Plant USA Pa. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grace A. Laird Jermiah Bannon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Mrs. Anna W. Bannon Same As 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: tur IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Hour a m Not while of work at work 2 · 20, 1960, that I last saw the deceased 21. I certify that I attended the deceased fram 12,29 19 J 6, ta 19 60, and that death accurred at 413AM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) 3409--Alabama Ave., SE Wash DC 2-20-60 3409 -- Alabama Ave S.E. Wash. DC PHYSICIAN'S Frank S. Pellegrini NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Cedar Hill Cemetery Suitland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 1661- Good Hope Rd. S.E. TLU 4 3 00 Continua & Thousa Washington, DC. DATE

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Suffit and, Maryland

11956

d. STREET ADDRESS

Last

26.

14. MOTHER'S MAIDEN NAME Ellen

Mr. Sidney Cousins.Jr.

BARBER

B. DATE OF BIRTH

May

17. INFORMANT

Congestive Heart Disease

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

February 9.1960 rlington National Cemetery Arlington,

300 N St. N.W. Wash. D. C. OATEEB 9

2126

**CERTIFICATE OF DEATH** 

MARYLAND

c. LENGTH OF STAY IN 16

Admitted 5/9/

DIVORCED [

USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign cauntry)

02299 Rea. Dist. No

e. IS RESIDENCE ON A FARM?

12. CITIZEN OF WHAT COUNTRY?

Ridge Road.

INTERVAL BETWEEN I month

(Stote)

Virginia

24b. REGISTRAR'S SIGNATURE

arthur S. Trans

U.S.A.

Bethesda, Maryland.

YES NO TE

Year

19 60

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Street, N.W.

FEBRUARY

89 yrs

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

Month

9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.

8

Add8814

District of Columbia

4. DATE

Cork County, Ireland

Barry

(Nephew)

DEATH

Washington

1870

11		MARYLAND STATE DEPA
少 (M)		2302 CERTII
death: Page 4		PLACE OF DEATH o. COUNTY  Prince Georges  b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown) Hyattsville, Maryland Admitted
() 7/1		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Sacred Heart Home
in 24 haur Killed in b ges 1 and		NAME OF First Middle DECEASED (Type or print) MARGARET
ecuted within completely kill pupper. Poge		6. COLOR OR RACE 7. MARRIED NEVER MARRIE  1. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF
ian and carbon pagafter death		during, most of working life, even if retired) Housewife FATHER'S NAME
death certificate Itending physici please remave C vithin 72 haurs o		Richard Pigott  WAS DECEASED EVER IN U. S. ARMED FORCES?  In o. or unknown) (If yes, give wor or dates of service)  no
quires that the igned by the all permit. Then I in any event		18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stoting the under:  Lying couse last.  (c)
i. The law rec ng physician, le has been s burial-transit remaval, and	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA
G PHYSICIAN: Tipidal ar attending tripis certificate h for use as the bur cremation, ar rem	MEDICAL CER	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while 199
TTENDING  If the haspite TOR: After the detached for the burial, cr.	W	21. I certify that I attended the deceased from 5/alive an 2/4/ , 1960 , and that
SPITAL OR Peretain ERAL DIREC 3 should be gistrar priar		PHYSICIAN'S NAME (Type) Thomas F. Collins, M. I
TO HOSPITAL may be reta TO FUNERAL page 3 shau the registrar		Burial, CREMATION, PEB 120. NAME OF CEME  REMOVAL (Specify)  Burial  February 9 1964 rlington

VS A15 (4)

1SM 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

Conditions, if any, which	(b)_	ALCELIESCIE.	LOCIC	neart DI	sease	ф уев	irs
gave rise to immediate couse (o), stoting the <u>under-</u> lying couse last.	DUE TO						
PART II. OTHER SIGNIFIC		ITIONS CONTRIBUTING TO DE	ATH BUT NOT I	RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	PEI	AS AUTOPSY REORMED?
20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING [] CAUSE ( (IF EITHER, NOTIFY MEDICAL E)	OF DEATH	06. DESCRIBE HOW INJURY O	CCURRED. (Ent	er nature of injury in I	Part I or Port II of item 1B.)		
20c. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year	20d. INJURY OCCURRED While Not while of work at work	20e. PLACE O foctory, s	F INJURY (Home, form treet, office bldg., etc.	20f. (City or town)	(County)	(Stote)
21. I certify that Latter alive an 2/4/	ded the d	deceased fram 5/ , 1960 , and that	death accu		2/5/, 1960 A.M., from the causes a ADDRESS (Street, city or town,		he deceased ated abave.
ACTUAL SIGNATURE Thom	us t	Collins	/M.D		Street, N.E.		5-1960
PHYSICIAN'S Thoma	s F.	Cellins, M.	D.	Washing	ton 2, D.C.		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2317

### CERTIFICATE OF DEATH

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death.

after

PLACE OF DEATH Prince Georges b. CITY OR TOWN (If autside corporate limits, write

RURAL and give negrest town) Cheverly

MARYLAND c. LENGTH OF STAY IN 16

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

5619 31st Ave.

Hvattsville d. STREET ADDRESS

4. DATE

Tenn.

e. IS RESIDENCE ON A FARM? YES NO A

Prince Georges County Hospital NAME OF DECEASED (Type or print)

OR INSTITUTION

221C

6. COLOR OR RACE

Simon P. Robertson

IMMEDIATE CAUSE (o)

d. NAME OF HOSPITAL (If not in hospital, give street address)

Middle 7. MARRIED NEVER MARRIED

DEATH 8. DATE OF BIRTH

February 9. AGE (In years last birthday) Manths

Manth

yrs.

b. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Year 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS

5. SEX female

white WIDOWED I DIVORCED |

March -- 1893 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

26

at home 13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Annie Phillips INFORMANT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NO

PART I. DEATH WAS CAUSED BY:

during most of working life, even if retired)

CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]

31st Ave., 936 Bessie Bassham 5619

Conditions, if any, which gove rise to immediate cause (o), stoting the underDUE TO DUE TO

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY

lying couse lost.

20c. TIME OF INJURY

Hour a.m.

p. m

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

PERFORMED? YES NO D

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Manth.

Day, Year 20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)

(County) (Stote)

at work at work 21. I certify that I attended the deceased fram.

. 184 that I last saw the deceased \_, and that death accurred at 2A\_M, from the causes and on the date stated above.

ADDRESS (Street, city or town, stote)

ACTUAL PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

Alia.

(State)

Removal 23. FUNERAL DIRECTOR'S SIGNATURE New Barton Cem ADDRESS

24a, REC'D 8Y REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/58

FUNERAL DIRECTOR

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02301

\_				CER		AIL OI	יהאט			Re	g. Dist. No	. 9	NUU
1.	PLACE OF DEATH		LE Th		ARYLAND	2. USUAL RES	IDENCE (W	here decease	d lived. If in		esidence befo	ore admiss	ion)
1	Prince (	deorge		m	AKTLAND	Marvl	and				e Gent	rore	
Г	b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF S	TAY IN 1b	c. CITY OR	TOWN (If	outside corpo	rote limits, w				)
	Laurel					O/ Laure	1						
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,	give street o	oddress)		d STREET						e. IS RES	IDENCE FARM?
	Laurel (	eneral Hos	pital			421 P	rince	Georg	e Stre	et		YES [	NO D
3.	NAME OF DECEASED	Fi	rst	Mic	ddle		ist	4. DATE		Month	De	ру	Yeor
	(Type or print)	Willi	am	Ellas	with	Bea	11	DEATH	E	ebrua	10		1960
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MA	RRIED	B. DATE OF BIR			9. AGE (In	years IFU	NDER I YEAR		
	Male	White	WIDOWE		RCED	0-4	10. 1	076	lost birth	day) Mor	1ths Days	Hours	Min.
10		ON (Give kind of work			S OR INDL			ar foreign c			2. CITIZEN C	DF WHAT	COUNTRY
	during most of wor	ring life, even if retired	1 0	7 1	1				,,		,	100	4
122	FATHER'S NAME	resper	1/4	lact s	Law	14. MOTHER	aryla					15/	1
113	. FAIRER'S NAME	1/		12	00	CA	3 MAIDEN	+1	17	1	70		
1	JE.	nes Nes	ines	my De	alk.	le.	3/6	the	120	rde	le		
		R IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17.	INFORMANT /	1	1	7	Address	1		2
	ne		2	17-32-1	832	Mis	Lear	ne /3	arre	We	laur	el	Mal
	18. CAUSE OF DEA	TH [Enter only one co	ouse per lin	e for (o), (b), and	(c).]							ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY:	. A/	RTERIO	0.5C4	EROT	1C (	ARD	1010	18CL	14400	SET AND	DEATH
	422.1	IMMEDIATE CAUSE (c		1	CAS						/		
	Conditions, if a	ny, which ) (t	.1										
	gove rise to i	mmediate (											
	lying couse lost.	me under-	:)										
Z	PART II. OTH	HER SIGNIFICANT CON		ONTRIBUTING TO	DEATH BU	NOT RELATED T	O THE TERM	INAL DISEAS	E CONDITIO	N GIVEN IN	V PART 1(o)	19. WAS	AUTOPSY
1 S	A	CUTE DI	ARRI	HEA, CA		UNDET						PERFC YES [	RMED?
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJUR	Y OCCURR	D. (Enter noture	of injury in	Port I or Por	t II of item 1	B.)		*****	
			1001.0	3	120- 1	A CC OF INTURY	444	1004 450					
MEDICAL	Hour o. m.		While	Not while	fo	ACE OF INJURY ictory, street, office	e bldg., etc	n, ¡ 201. (City :.)	or fown)		(County)		(Stote)
ME	p. m.	19	at work										
	21. I certify th	at I attended the	decease	d from 25	DEC	1 , 195	9, ta 1	2 FE	8 19	60 the	at I last se	aw the	decease
	alive on 12		. 19 4	,	nat death	accurred at	3 1	P.M. from					
Н		11)	00	11-				ADDRESS (SI					ATE SIGNE
	ACTUAL SIGNATURE	Kichan	V Can	pter M	D	M.D. 6	12	M	AIN	ST	REE	7	
	PHYSICIAN'S		_ /			1	0116	PFI	MU	QV111	ND.		
=	NAME (Type)	Richard					1/15/10	/	-1.1 M	100			
12	BEMOVAL (Specify)		1,	22c. NAME OF	EMETERY C	R CREMATORY	0	22d. LOCAT	TION (City, 1	own, or cou	inty)	(Stot	e)
1	Bural	2/15/	60	Hash	shill.	amely	Cem	San	nage	1h	ange	any	C
23	. FUNERAL DIRECTOR	SSIONATURE		ADDRESS	1 9	311	240. REC	D BY REGIST	RAB 246.	REGISTRAR	'S STONATU	RE	
1	de Will,	Claralde	da,	Laure	1, 11	ad	DATE F	EB 1 6 '6	60	arthu	7 8. Tha	44	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the accumusory or completely filled in by the haspital or attending physician.

TO FUNERAL DESCRIPTION: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

r death: Page 4

HARRY

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2392

**CERTIFICATE OF DEATH** 

02302

Reg. Dist. No

1. PLACE OF DEATH a. COUNTY Prin	ce George	's	MARYLA		PATE `	Where decease ryland	ed lived. If instituti b. COUNTY		before admissione Geo	
b. CITY OR TOWN (III Columbia	outside corporate limi grest town)	its, write	LENGTH OF STAY IN 29 Years	1b c. C	Columb	THE TANK A LINE	orate limits, write f	RURAL ond giv	e nearest tow	n)
d. NAME OF HOSPIT. 2402 Veri	AL (If not in hospital, g	give street ad	dress)		TREET ADDRESS 2 Vern		venue		ONA	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	Fii Am		Middle Lou	Ве	last an	4. DATE OF DEATH	Februa			Year 19 60
5. SEX female	6. COLOR OR RACE white	7. MARRIE	NEVER MARRIED  DIVORCED		of sirth	1904	9. AGE (In years lost birthday) 55 yrs.	Months De	YEAR IF UNDI	ER 24 HRS. Min.
10a. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired lousewife		ND OF BUSINESS OR I		sirthplace (Sid		country)	U S	NOF WHAT	COUNTRY?
13. FATHER'S NAME	John Tolli	ver	300	14. MC	OTHER'S MAIDEN		ell Shoe	make		
15. WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s	CES? 16. SC	OCIAL SECURITY NO.	INFORMA Ro	bert L.	Bean	Sarffe (Husbar	sesas #2		
Conditions, if or gove rise to in couse (o), stoting the lying couse last.	the <u>under-</u> DUE TO	) 71	upestive latastati	BUT NOT REL	ATED TO THE TER	RMINAL DISEAS	tonis se condition give	VEN IN PART 1	5 N	AUTOPSY DRMED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Ye	ar 20d. INJ	BE HOW INJURY OCCI JRY OCCURRED 20 Not while 20 of work 20	e. PLACE OF II	NJURY (Home, fo	orm, 20f. (Cit	rt II of item 18.) y or town)	(Cou	unty)	(Stote)
21. I certify the alive an	at l attended the	deceased , 19 6 lexyl		eath accurr	959, ta_ed a 3; 40	ADDRESS, (S	the causes are street, city ar town,		date stated	leceased abave. TE SIGNED
BENOVAL (Specify)	2/15/60		Ft. Linco	oln		Co	olmar Ma	anor		te) [d.
F. Gasch!			altimaore A sville, Mar			FEB 1 6		STRAR'S SIGN		



### CERTIFICATE OF DEATH

		1000					Reg. Dist. No	
o. COUNTY Pri	nce Georges		MARYLAND	2. USUAL RESIDENCE (Vo. STATE Md.	Where deceased	b. COUNTY	on: Residence before Prince G	eorges
b. CITY OR TOWN ( RURAL ond give n  Brandy		its, write c	Life	c. CITY OR TOWN (II	URAL and give ne	arest town)		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	give street add	dress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	MARI		Middle <b>E</b>	Last B <b>EAN</b>	4. DATE OF DEATH	Mon FEB		19 6C
Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Dec 9, 1871		9. AGE (In years lost birthday) 88 yrs.	Months Days	Hours Min
Oa. USUAL OCCUPATI during most of wor Housewif	rking life, even if retired	)	ND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Sto		ountry)	12. CITIZEN O	A.
3. FATHER'S NAME Charles S.	Early			Georgia				
5. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	IONE	James A. Bear	n, Bran	Addindywine,		
153.3	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		dere	mia and	Une	ma		1 whe
gave rise to cause (o), stating lying cause last.	the <u>under-</u> DUE TO	i) IDITIONS <u>CO</u> I	m	T NOT RELATED TO THE TER			/EN IN PART 1(a)	19. WAS AUTOP PERFORMED? YES NO
gave rise to cause (a), stating lying cause last.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  40 Hour a.m. p. m.	AS UNDERLYING  CAUSE OF DEATH CAUSE	20b. DESCRI  ar 20d. INJU While of wark [	BE HOW INJURY OCCURRED  JRY OCCURRED  Not while of work  fram  9-10	TO NOT RELATED TO THETER  ED. (Enter nature of injury in the second of t	n Part I or Por	t II of item 18.)  or town)	(Caunty Shat I last sa	YES NO

TO HOSPITAL OF STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of death. Page 4 may be retained the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be fifted within 72 haur after death.

VS A15 (4) 15M 9/5B

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discharge of the same	power , week sexel	11.7	

death. Page 4

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

the registror prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death

be filed with the funeral director,

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARCA

(Stote)

		231	8 CERTIFICA	ATE OF DEATH		Reg. C	Dist. No.	2304
1.	PLACE OF DEATH o. COUNTY Prince George		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. Ann <sup>b</sup> .	If institution: Reside	ence befare ac	dmissian)
	b. CITY OR TOWN (If outside carporote li	mits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate limi	ts, write RURAL and	give nearest	tawn)
	Cheverly		8 Days	Mayo			02	x - 2
	d. NAME OF HOSPITAL (If not in hospital, oppartition George Gen	give street	oddress) t.a.l	d. STREET ADDRESS				RESIDENCE
	oprince George Gen	erar i	10002000	none				S NO
3.	NAME OF	First	Middle	Last	4. DATE	Month	Day	Yeor
	(Type or print)	100	F	BELL	OF DEATH	2	23	1960
S.	SEX 6. COLOR OR RAC	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	1	R I YEAR IF L	
	Male White	WIDOWE	D Genary Pet D	4-29-03	lost t	56 yrs. Manths	Doys Ho	ours Min.
10	a. USUAL OCCUPATION (Give kind of war	k done 10b.		STRY 11 BIRTHPLACE (State	or fareign coyntry)	12.C	TIZEN OF WH	AT COUNTRY
	during whost of warking life, even if retire	(	Rathina	Mash	naton	1200	US	a
13.	FATHER'S NAME	3 00		14. MOTHER'S MAIDEN N	AME /		1.	
	Hours of E	bell.		lenne	2 00	200-8		
1S	WAS DECEASED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	NFORMANT /	- 11:	Address ac	Gent	Rept &
,,,	NO. NO	sarvice	None Ill	Vasther los	noplemo	Leneus	dole	ma
	18. CAUSE OF DEATH [Enter only one	cause per lin	ne far (o), (b), and (c).]		L	,	INTERVA	
1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) C	ORONARY	THRUMBOS	15		200	AND DEATH
	1420 0 DUE 1			0 . 6/			70	4
	Candilians, if any, which )	(h) (le	exten I ch	enter He	ceif the	sicie	20	years.
	gave rise to immediate Couse (a), stating the under-	0					1	-
	lying couse last.	(c)	FOULTH BE					
Z	PART II. OTHER SIGNIFICANT CO	NDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PA	RT 1(o) 19. W	VAS AUTOPSY
CATI	LCBAR PNE	URION	NIA - MULT	IPLE Delaco	VARY EUT	3041		S NO [
TIFIC	20a. ACCIDENT WAS UNDERLYING	20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I a Part II af ite	em 1B.)		
CER	OR CONTRIBUTING  CAUSE OF DEATH							
CAL	20c. TIME OF INJURY Manth, Doy,		for the same of th	ACE OF INJURY (Hame, form		1)	(County)	(Stote
MEDI	Haur o. m. p. m.	While at wark	I AUL WILLIE	ctary, street, office bldg., etc.	' i			
	21. I certify that I attended th	e deceasi	ed from 7 - 16	1960 to	7-23-	, 196 Gthot 1	last sow th	a decease
	alive on 2-23 -		60, ond that death					
	000		e.		ADDRESS (Street, city		ic date sic	DATE SIGNE
	SIGNATURE Close	2/1	Eth.	un III est	claps		21	124/6
			11 27 2	Di1-1	- Wd			4
	PHYSICIAN'S NAME (Type)	Ro	th M.D.	Riverdal	e,Ma.			
22	O. BURIAL CREMATION. 226. DATE THER	EOF	22c NAME OF CEMETERY O	P CREMATORY	22d. LOCATION (Ci	ity, town, or county	1	(State)

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

ADDRESS

WOLLD 24g. REC'D BY REGISTRAR

OF Massau ME De Date FEB 2 9 '60

22d. LOCATION (City, town, ar county)

24b. REGISTRAR'S SIGNATURE

arihun S. Hraus

moy be retain. If the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should TO HOSPITAL OF VS A1S (4) 1SM 9/SB

220. BURIAL, CREMATION, REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

CHEST CHARGEAR D

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Travelle of course	Intotal Agent	2 (23)   0 [10 J Ripol]		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2320

**CERTIFICATE OF DEATH** 

02306

Reg. Dist. No.

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may be retain by the hospitol or ottending physicion.

TO FUNERAL DY. CTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotian, or remayol, and in ony event within 72 hours, after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR

VS A15 (4) 15M 10/57



1. PLACE OF DEATH 6. COUNTY PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (Where o. STATE MARYLA	ne deceased lived. If institution:  D. COUNTY M	Residence before admission) IONTGOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVERLY	c. LENGTH OF STAY IN 16 hours		side corporate limits, write RUR/ SPRING	AL and give nearest town) 1556-2
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION LELAND MEMORIAL I	HOSPITAL	d. STREET ADDRESS 112 SHAW	AVENUE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) William Bidding	gton	Lost	4. DATE Month OF DEATH Februar	Doy Yeor 1 19 60
S. SEX MALE  6. COLOR OR RACE WHITE WIDOWE		DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.  Aonths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)  DRUGGIST  CRU	BB PHARMACY CO.	The second second	foreign country)	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
JAMES ROBERT BIDDINGTON		MARY ROBB		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S [Yes. no or unknown) (If yes, give war or dates of service)  NO 2	SOCIAL SECURITY NO. 17. INI Mrs	ormant Sadie M. Bi	ddington, 112 (	Shaw Ave.
Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.  (b)  DUE TO	SCV 11-			240
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	I IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED.	. (Enter nature of injury in Po	rt I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Not while facto	CE OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive an 19 ACTUAL SIGNATURE ACCURATE TO THE SIGNATURE	and that death	Al	1/	
PHYSICIAN'S Horace W. Bern	ton, M. D.			
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL 2/4/60	22c. NAME OF CEMETERY OR PARKLAWN CEME		2d. LOCATION (City, town, or c MONTGOMERY COU	
23. FUNERAL DIRECTOR'S SIGNATURE THE	ADDRESS	24g. REC'D	BY REGISTRAR 24b. REGISTR	AR'S SIGNATURE

'60

DATE FEB 3

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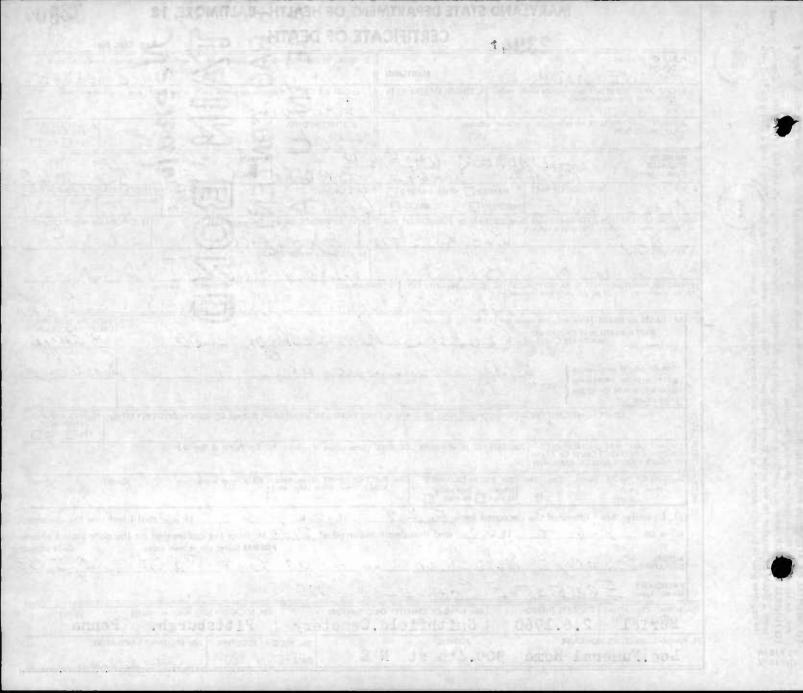
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 1 FilmG256 2-11-60 et

2394	CERTIFICA	TE OF DEATI		Reg. Dis	st. No.
1. PLACE OF DEATH  O. SOUNTY  PRINTED TO THE PRINTE	MARYLAND	2. USUAL RESIDENCE (W		institution: Residence	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Bradbury Heights	OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits,	write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION At home		d. STREET ADDRESS	C X	9 F	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)	LMiddly FR	EP Last BIRD SK	4. DATE OF DEATH	Month EB	Day Yeor 19 6 6
5. SEX  6. COLOR OR RACE 7. MARRIED NEW  NOWED WIDOWED	DIVORCED	6. 28. 18	9. AGE (In lost birt	1 1	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  BLACK	USINESS OR INDUS	EU.9h	And.	12. CITI	C.S. H
13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	6	14. MOTHER'S MAIDEN N	Aun	TESS	021
(Yes. no. or unknown) (If yes, give war or dates of service)	-3833 20	VALTER W.	Bind In	Address , 4901	. S. ST. SE
18. CAUSE OF DEATH [Enter only one couse per line for (o), (I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	i), and (c).	hemanh	te, au	6	ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the under-	tension	s, sener	L.		cendeter 1
Iying couse lost.   (c)	NG TO DEATH BUT N	NOT RELATED TO THE TERMI	INAL DISEASE CONDITIO	ON GIVEN IN PART	I(o) 19. WAS AUTOPSY PERFORMED?
	INJURY OCCURRED	. (Enter noture of injury in (	Port I or Port II of item	18.)	YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCI While Not w of work □	hile foct	CE OF INJURY (Home, form ory, street, office bldg., etc	.) 20f. (City or town)	(Co	ounty) (State)
21. I certify that I attended the deceased from alive on		, 19 <u>60</u> , to <u>/</u> accurred at <u>(/5</u> )			ast saw the deceased
SIGNATURE EASILY & Cornels	un_ N		Bowen K		DATE SIGNED 2/5/6
PHYSICIAN'S ERNEST E. CO.		ENMO			
Buria1" 2.6.1960 Smi		Cemetery	22d. LOCATION (City, Pittsbu		Penna (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRI Lee.Funeral Home 300.4t		E DATE FE		REGISTRAR'S SIG	



02308

2275 CERTIFICATE OF DEATH

		2010	CERTIFIC	AIE OF D	LAII	1		Reg. D	ist. No		
1. PLACE OF DEAT o. COUNTY Prince	н ce George	•	MARYLAND	I a STATE		here deceased	d lived. If institution b. COUNTY	rince	L.	ore odmis	
	/N (If autside corporate lim ve nearest town)	its, write c. I	LENGTH OF STAY IN 16	c. CITY OR TO		outside carpo	rate limits, write R	URAL and	give ne	arest tow	n)
d. NAME OF HO	OSPITAL (If not in hospital, o		ess)	d. STREET AD	DRESS	A A				ON	SIDENCE A FARM?
3. NAME OF	el General Ho	apitai	Middle	212 10	In S	4. DATE					
DECEASED (Type or print)	Nute		middle	Blankens	hip	OF DEATH	Mon	m ruarv		оу	Year 19 60
5. SEX			NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years	IF UNDE	RIYEA	R IF UND	
Male	White	WIDOWED T		Jan. 1	5 18	371	last birthday)	Months	Days	Hours	Min.
10a. USUAL OCCUI	ATION (Give kind of work working life, even if retired	dane 10b. KINI	OF BUSINESS OR IND					12. C	ITIZEN (	OF WHAT	T COUNT
during most di	working life, even it retired	"	dann	V	irgir	ain				115	4
13. FATHER'S NAME		1		14 MOTHER'S				- 1			, ,
Steve	Blankenship			Anne	Frai	zer					
15. WAS DECEASED	EVER IN U. S. ARMED FOR		IAL SECURITY NO. 17.	INFORMANT			Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates of	service)		Hospis	l Re	cords					
PART I.  334)  Conditions,	DEATH (Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO if any, which ) o immediate	o N	yperla	new		- ar	tereose	aros	ON	SET AND	ETWEEN DEATH COL
	ting the under-	1	helite							_	_
PART II.  20g. ACCIDENT OR CONTRIBUT (IF EITHER, NO	OTHER SIGNIFICANT CON	IDITIONS CONT	TRIBUTING TO DEATH P	JT NOT RELATED TO	THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a)	PERFO	AUTOPSY ORMED?
20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLYING  TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURR	RED. (Enter nature of	injury in	Port I ar Par	t II of item 1B.)				
Hour a.	NJURY Month, Day, Ye m. m. 19	While at wark	Not while f	PLACE OF INJURY (H factory, street, affice			or town)		(County)		(Stole
21. I certify alive an ACTUAL \ SIGNATURE	that I attended the	deceased f		th accurred at						ate stat	
PHYSICIAN'S NAME (Type)	B. P. Wa	rren, M	.D. 305 Pri	nce George	Str	eet, I	aurel M	aryl	and_		
220. BURIAL, CREM SEMOVAL (Spe			t Luca		elev		CON (City, town, co		av	(Sto	te)
23. FUNERAL DIRECT	TOR'S SIGNATURE	lean a	Appress and	Z	240. RES	D BY REGIST	0	STRAR'S S			

may be retained by the hospital ar attending physician.

2 FUNERAL DESTOR: After this certificate has been signed by the attending physician and campletely filled in by you funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. M TO HOSPITAL OR A VS A15 (4) 15M 9/55

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4

TO WITH CONTROL AND	TE OF DEATH	ADPITED CYTHO	
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		1.52	
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	erm At The Lee behalves engagements	demonstration of participation	
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15M 9/58

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

4395	Reg. Dist. No.	
1. PLACE OF DEATH  o. COUNTY  Prince George  MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE D. C.	
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN		
RURAL and give nearest town)	1169.7	
PART COUNTY   Prince George   COUNTY   Prince George   COUNTY   Prince George   County   Co		
OR INSTITUTION	ON A FARM?	
DECEASED	Brickert 4. ATE Month Day Year Of Death February 19 19 60	
H'emale White	lost Dirthday)   Months   Days   Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR I	INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY	
	Greenwood Ind	
Jacob Tresslar	Vannah (7) and	
(Yes, no or unknown) (If yes, give wor or dates of service)	Mr. Hugh R. Brickert, 311 Aspen St., N.W., D.C.	
	INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: Acute myocardi	al Failure following coronary	
1/201		
Conditions, if ony, which) Arterioscleros	ri s	
gave rise to immediate Dus TO	rela V	
Luine sauce last		
, (6)	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY	
CAIG	PERFORMED? YES NO	
	:URRED. (Enter noture of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 Hour o. m. 19 While Not while of work of work		
21. I certify that I attended the deceased from Allonist.	28. 1959 to Feb. T9. 1960 that Liast saw the deceases	
dive dil 1900 did indi de		
ACTUAL OUR CONTRACTOR		
SIGNATURE DE TRUMPINA	M.D. 1033 Bye Dt. H. W. Wash. D. C.	
PHYSICIAN'S NAME (Type) Oliver E. Thompson, M. D.		
DC44OVAL /Consider		
23. FUNERAL DIRECTOR'S SIGNATURE 7/1 30 ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
Tion and I. I have	Virginia. DATE EB 2 3'60	
Demarite Functar nome, wrewarding,	ATT STITUTE DAIS FOR TO TO SO OF THE STITUTE OF THE	

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Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 TO FUNERAL CO page 3 shauld be the registrar prior the registrar p

	o. COUNTY	rince	George	Э		MARY	LAND	2. USU a. S		Maryl			b. COUN			Ge C		sion)	
	RURAL ond give no	eorest town)	porate limits	, write	c. LENG1	TH OF STAY	IN 16	24		-							n)		
	d. NAME OF HOSPIT	AL (If not in	hospital, giv	e street	address)	EAT DE		, d. 5	STREET A	ADDRESS			- 12				e. IS RE	SIDENCE A FARM?	
		4612	Lac	y Av	e., S	.E.				4612	Lac	y Av	re.,	S,E				NO	
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Caretaker  13. FATHER'S NAME  Millard G. Brightwell  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no. of unknown)  (If yes, give wor of date of service)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise 10 immediate couse (o), stoting the under-lying couse lost.  (c)  (c)  DIVORCED  DIVORCE  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCES  DIVORCES							.h		Year 19 60	=									
5. 9							_				0	los	t birthday	) Mc		1 YEAR Days	Hours	ER 24 HRS Min.	
10a	. USUAL OCCUPATION during most of work	ON (Give kind	d of work de	one 10b.	KIND OF	BUSINESS C	R INDU	TRY   11.	BIRTHP	LACE (Stote	or foreign	country)	)		12. CIT	IZEN O	F WHA	COUNTR	Y?
	Caretake	r		Li	ncolr	n Mem.	Cen	le l	1	Maryle	nd		A.S.				USA		
13.	FATHER'S NAME			33															
	Mi	llard	G. Br	ight	well				Jane	e C. F	icker	all							
15. (Yes	i, no, or unknown)				SOCIAL SE		3.5.			Brigh	twell	4	012-	-Lac	cy /	Ave			
	18. CAUSE OF DEA	TH [Enter o	nly one cou	se per li	ne for (o),	(b), and (c).	]			LEFS.		7				INTE	RVAL B	ETWEEN	- Aller - Alle
	PART I. DEA	TH WAS CAL	JSED BY:	60	MAY	14 th.	m	614	2'5							ONS	ET AND	DEATH	
	420.1																		-
	Conditions, if a	ny, which )	(1-)	Avi	letio	Scler	10 60	Ca	role	io vas	cula-	r at	isua	10		3	0 m	inut	
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7		,																	
CERTIFICATION	PART II. OTH	HER SIGNIFIC	ANT COND	ITIONS C	ONTRIBUT	TING TO DE	ATH BUT	NOT REL	LATED TO	O THE TERMI	NAL DISEAS	SE CON	IDITION C	GIVEN I	IN PAR	T I(o) I	PERFO YES	DRMED?	
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE C	F DEATH	Ob. DES	CRIBE HOV	W INJURY O	CCURRE	). (Enter	nature o	of injury in I	Port I or Po	rt II of	item 1B.)			1			
MEDICAL	20c. TIME OF INJUR Hour a. st. p. m.	Y Month,	Day, Year	20d. It While of work	Not to	while	20e. PU foo	CE OF I	NJURY (	Home, farm e bldg., etc.	, 20f. (Cit	y or to	wn)		(0	County)		(Stote)	
	21. I certify th	at Latten	ded the	leceas	ed from	Fehr	. 4		196 U	2 to 6	chs.	16	106	10 11		last sa	Aba	danama	-
	alive an Pe	hr.	12	10		and that	daath			130	PM, fra	Al	, 17_2	,III	iai i	iasi sa	w ine	decease	301
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	ACTUAL SIGNATURE	1-211	ши	2 /	les	1		W.D			Park			For	est	Hgh	nts	31-6	fil
	PHYSICIAN'S E	tienne	Szoll	osi	Dr.			_1	No.	2 Par	cway I	Dr.,	For			•		•	
220	BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DA	THEREOF	60	St. NAI	ME OF CEM	ETERY O	R CREMA	TORY	uden	22d. LOCA	TION (	City, town	or co	ounty)	20	(Sta	le)	-5
23.	FUNERAL DIRECTOR	S SIGNATUR	E		ADD	RESS	111		2	24a. REC	BY REGIS	TRAR	24b. RE	GISTRA	R'S SIC	SNATUR	E		-
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funeral director, uld be fired with death. Poge 4

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CERTIFICATE OF DEATH

	606	4	<u> </u>		Reg.	Dist. No.	
1. PLACE OF DEATH			2. USUAL RESIDENCE	Where deceased live	ed. If institution: Resi	dence before admis	sion)
o. COUNTY Pri	nce Georges	MARYLA	o. STATE Mary	land	b. COUNTY ince	Georges	1
b. CITY OR TOWN ( RURAL and give n	(If outside corporate limits, write	c. LENGTH OF STAY IN	16 c. CITY OR TOWN	If outside corporate	limits, write RURAL a		n)
	Cheverly	2 days	× Bra	ndywine			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	et address)	d. STREET ADDRESS		0	e. IS RES	SIDENCE FARM?
	Georges Genera	l Hospital	weste	vood	med		NO [
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
(Type or print)	///Jermiah	n R	Brooks	DEATH	Feb	14	19 60
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		GE (In years IF UNI	DER 1 YEAR IF UND	7 **
Male	Black WIDO	WED DIVORCED	1 4ug.25,19	42	17 yrs.	hs Days Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work done 10 rking life, even if retired)	b. KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPLACE (St	ote or foreign countr	y) 12.	CITIZEN OF WHAT	COUNTRY
E4 0-	Also		5	-ol		0.5,	A.
13. FATHER'S NAME		.2	14. MOTHER'S MAIDE	N NAME			
		-7/	Holen	13200	Jen .		
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	INFORMANT	0	Address		
jies, no, or unknown)	(it yes, give wor or dores or service)	1022	Thomas Br	W solow	on thousand	form to	
18. CAUSE OF DE	ATH [Enter only one cause per	line for (o), (b), and (c).]				INTERVAL B	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	manage	man Many	mentin		ONSET AND	DEATH
0570	DUE TO	1 Juningon		19/11-		-and	4
Conditions, if o	any, which )	Bruch	2 m. 101	1-min	11		
gove rise to	immediate (	Juyan	- Jesus	7,00,70			
lying couse lost.	(c)						
Z PART II. OT	HER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o) 19. WAS	AUTOPSY
NATION NATIONAL PARTIES							DRMED?
PART II. OT  OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [ 20b. DI	ESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of injury	in Port I or Part II o	of item 18.)		,
OR CONTRIBUTING	G CAUSE OF DEATH						
N 20c. TIME OF INJUI	RY Month, Doy, Year 20d.	INJURY OCCURRED 200	PLACE OF INJURY (Home, f	orm, 20f. (City or t	own)	(County)	(Stote
20c. TIME OF INJUI Hour o.m.	19 Whi	le Not while	foctory, street, office bldg.,	etc.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		12	1(2)	11/21	10.		
	hot I ottended the dece	1	1900, to	1-4- J-KI-		lost saw the o	
alive on	17 felf, 19	and that de	oth occurred at 7,4				d obove
ACTUAL	PM)		7. /1	ADDRESS (Street,	city ar town, state)	7 7 1	) I
SIGNATURE	Al Dass	CY	M.DMPS	1/1000	(NO) / MO)		7-60
PHYSICIAN'S			Under Mar	lboro, Md			
NAME (Type)	r. R.B. Sassce	r M.D.	Uplier rat				
220. BURIAL, CREMATIC REMOVAL (Specify	1 0 0	22c. NAME OF CEMETER	RY OR CREMATORY	22d. LOCATION	(City, town, or count	ty) (Sto	te)
Burid	2-15-60	Musc	7 Cem	Ugu	ases "	WC	
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	() 24a. R	FEB 1 7 '60	24b. REGISTRAR'S		
(CO. N. 1	allow ced	uesco r	nel DATE	1 mm 1 1 00	Cirthun	S. Krana	

may be retained the haspital ar attending physicion.

TO FUNERAL DINACTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be TO HOSPITAL OR VS A1S (4) 1SM 9/SB

XTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affithe haspital ar attending physicion.

the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after

BOTTHE ONE OF Chevarity 2 days Pundyains The same of the sa Me128,1988 The tell hours of each 49-40-1 /11-4 The second of th The care, g. t. to make the transfer that there are the con-

	2397	CERTIFIC	AIE OF DEAIR		Reg. Dis	t. No.	
	E GEONCE		2. USUAL RESIDENCE (WE o. STATE			ce before admis	
b. CITY OR TOWN (If autside RURAL and give neorest to	own)	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF C	and the same of th	is, write RURAL and g	ive nearest taw	n)
d. NAME OF HOSPITAL (IF n OR INSTITUTION	ot in hospital, give street addr	ess)	d. STREET ADDRESS			ONA	SIDENCE A FARM? NO
	VILLIAM	Middle	Brooks	4. DATE OF DEATH	Month FEB.	9 Pay	Year 19 GO
MALE	VIDOWED [	] DIVORCED	B. DATE OF BIRTH	894 25		1 YEAR IF UND Days Hours	ER 24 HRS.
10a. USUAL OCCUPATION (Giv. during most of working life.	, even if retired)	OF BUSINESS OR IND ARMING		or foreign country) NY LAA		U-S	_
13. FATHER'S NAME  LEANO	ER BRO	ots	14. MOTHER'S MAIDEN N		NENEY		
1S. WAS DECEASED EVER IN U.	S. ARMED FORCES? ve wor or dates of service) 16. SOC		INFORMANT LIZABETH	O Brook	Address C	Noo h &	,00.
PART I. DEATH WAS	nter only ane couse per line for S CAUSED BY: DIATE CAUSE (o)		MUNIA			INTERVAL BE ONSET AND	DEATH
Conditions, if ony, whi gave rise to immedia couse (a), stating the und	ich (b)	NANI				7-1	o on
PART II. OTHER SIGN  PART II. OTHER SIGN  PART III. OTHER SIGN  PA	NIFICANT CONDITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE CONDI		LILK -PERFC	AUTOPSY DRMED?
	ERLYING 20b. DESCRIBE		ED. (Enter noture of injury in f				
20c. TIME OF INJURY Man Hour o. m. p. m.	th, Doy, Year 20d, INJUR While at work	Not while fe	LACE OF INJURY (Home, form actory, street, office bldg., etc.	) 20f. (City or tawn)	(Ce	ounty)	(State)
ACTUAL COLOR	ttended the deceased f		h occarred at 71301	M, from the co		e date state	deceased ed above. ATE SIGNED
PHYSICIAN'S NAME (Type)	7 //		M. 3. 7 39 34 200	7.37 - 0	porchipio	0110000	n-p
REMOVAL (Specify)  270. BURIAL, CREMATION, 270  REMOVAL (Specify)  270. FUNERAL DIRECTOR'S SIGNA	elm 13-60	Brooks	Church	22d. LOCATION (City)	Sam R	J. Stor	nd
JUNETAL DIRECTOR'S SIGNA	Kelson o	ADDRESS LOVEUSCO	mel 240. REC'I		246. REGISTRAR'S BIGI		

moy be retained by the haspital or attending physician.

O FUNERAL DICTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundamental director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OR moy be retained to 10 No. 24 No. 25 N

death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
2222	Reg

9	292							Reg. D	ist. No.		
1. PLACE OF DEATH	Prince Geor	3000	44 A BVO		2. USUAL RESIDENCE		b. COUNT	Y =			ssion)
			MARY			yland	. 4: 1: 1:		r. G		>
and give nearest lower Cheve:		e RURAL	D.O.A.	N IB	1 4 400	Raini	rporote limits, write	KUKAL one	d give ne	arest to	wnj
	V	If not in hor	spital, give street address	,	d. STREET ADDRESS		er.			A 15 P	ESIDENCE
	rges Genera	_			4016		Street			ON	A FARM?
3. NAME OF -DECEASED (Type or print)	Charles	" Kirk		lias ee C	lost collier Hal	4. DATE OF DEATH	Month Feb	ruary	Day 8		9 60
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (in years	IF UNDER	TYEAR	IF UND	ER 24 HRS.
Male	white	WIDOWE	D DIVORCED	A	5-11-94		lost birthday) 65 yrs.	Months	Days	Hours	Min.
during most of working	ON (Give kind of working life, even if retired)	done 10b. I	KIND OF BUSINESS OR I	NDUSTR'		ote or foreign	country)	12. CITI			COUNTRY
13. FATHER'S NAME									U.S	·A·	
Kirk Ha	11				14. MOTHER'S MAIDER		E. Saund	ers			
15. WAS DECEASED EV			SOCIAL SECURITY NO.	17. INF	ORMANT		Address				
(Yee, no, ar unknown)	(If yes, give war or dates of	1	08-05-4483	He	len Long;	4322 L	ivingston	Rd.	S.E		Wash.
18. CAUSE OF DEA	TH [Enter only one car	se per line	for (o), (b), and (c).]	-					INTERV	AL BETWE	EN
Conditions, if o gove rise to immed (o), stoting the couse lost.	diote couse underlying DUE TO				asthma .						
PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TE	RMINALDISEA	SE CONDITION GIV	EN IN PAR		PERFO	AUTOPSY RMED?
PART II. OTH	JSE WAS NTRIBUTING []	b. DESCRIBI	E HOW INJURY OCCUR	RED. (Ent	er noture of injury in I	Port I or Port I	l of item 18.)	1			
20c. TIME OF INJUI	RY Month, Day, Yes	While		foctory	OF INJURY (Home, for y, street, office bldg.,	orm, 20f. (Ci	ty or town)	(Cou	unty)		(Stote)
21. I certify th	nat I taok charge	af the I	remains described	abave	e, held an Auta	psy .	Inspection X.	Inquir	уП	and i	find tha
death resulted	from: Natural	causes [	Accident [],	Suici	de 🔲, Hamici		Indetermined c		1		
ACTUAL SIGNATURE	m 79	Ma	lonen	_	M.D. CHIEF MEDICAL	EXAMINER [				DATE S	IGNED
EXAMINERY NAME (Type)	John T. Mal	oney,	M.D.		DEPUTY MEDICA			ebrus	ary 8	8, 1	960
20. BURIAL, CREMATIO REMOVAL (Specify) Removal		1960	22c. NAME OF CEMETER Oak Hill				ATION (City, town, o			(Stote	)
23. FUNERAL DIRECTOR	S SIGNATURE	49.5	ADDRESS		24a. RE	C'D BY REGIS				-	
F Gasch's	Sons Hy	attsv	ille. Md.		DATE	<b>EER 17</b>	160	I Thun	9 4		

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2324 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1	1. PLACE OF DEATH O. COUNTY Prince Georges MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Pr. Geo.					ion)	
1	b. CITY OR TOWN    If outside corporate limits, write RURAL ond give nearest fown)  Cheverly  D.O.A.			1 1b c.	c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town)  Bladensburg						
9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Prince Georges General Hospital			d.	STREET ADDRESS 4109	53rd	Place			o. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF -DECEASED (Type or print)	Chauncy		Bro		4. DATE OF DEATH	Febru		Doy	Yec 19	60
	5. SEX Male	9 99 . D. L	MARRIED NEVER MARRIED  DOWED DIVORCED	- 0	0f Birth 17~01	9. A	GE (In years 158 (ay) yrs.	Months D			24 HRS. Min.
	10a. USUAL OCCUPATIO during most of workin Postmaste 13. FATHER'S NAME		U.S.Post Offi	ce.	Maryl OTHER'S MAIDEN	and NAME			EN OF		OUNTRY?
1	Hyma  15. WAS DECEASED EVE (Yes. no. or unknown)  NO	n Brown  R IN U. S. ARMED FORCES  Ill yes, give war or dates of service		17. INFORM	ANT	Bertha same addr	Rome Address ess as				
	Conditions, if or gove rise to immed (o), stating the u cause last.	inte cause DUE TO (c)	Acute con Cardiovas ONS CONTRIBUTING TO DEATH	cular	renal di	sease	NDITION GIV	'EN IN PART	1(a) 19.	PERFOR	JTOPSY
	PART II. OTH  20a. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.  20c. TIME OF INJUR Hour o. m. P. m.	ITRIBUTING LI	20d. INJURY OCCURRED 20e While of work	PLACE OF I		rm. 20f. (City or to		(Caun	ty)		(State)
2	21. I certify th		the remains described ses X, Accident	Suicide [	Homicid	le , Undet  EXAMINER   CAL EXAMINER	ction [2], ermined c	Inquiry cause		and fi	nd that
	220. BURIAL, CREMATION REMOVAL (Specify)	FEB. 17,19			. GARDEN	_l	CHU	JRCH		(State)	4.
	B. DANZA	SIGNATURE NSKY + SON	15-3501-141	St. A	ALL DATE	B 1 8 '60		STRAR'S SIGN			

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is recessary, please execute the certain and the content of the content of the certain and the centain and the centain and the centain and the centain content of the centain content of the centain and the centain and

VS. A15ME(5) 5M 9/55

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<u></u>	376 CERTIFI	CAIE OF DEATH	Reg. Dist. No.
PLACE OF DEATH . O. COUNTY PRINCE	BEORGE MARYLAN	o. STATE	ived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If autside corporate lin RURAL and give nearest town)	nits, write c. LENGTH OF STAY IN 2-1-61	A A A	te limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspitat, OR INSTITUTION	give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES D-NO
NAME OF DECEASED (Type or print)	CLES KIRRER 1	MEADE PUTLER OF DEATH	tely. 10 19 6
Pemale 6. COLOR OR RACE	7. MARRIED NEVER MARRIED NIVORCED DIVORCED	Can 1071	AGE (In years last birthday) yrs. IF UNDER 1 YEAR IF UNDER 24 HI Months Days Hours Min
during most of warking life, even if retire	d) 10b. KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHPLACE (State or foreign cou	12. CITIZEN OF WHAT COUNTR
B. FATHER'S NAME. WILLIAM CAN	IP BUTLER	14. MOTHER'S MAIDEN NAME	loops
5. WAS DECEASED EVER IN U. S. ARMED FO Yes, no, or unknown) (If yes, give war or dates of		HOSP. RELORDS &	PAURES SANITARI
cause (a), stating the under-	on Myourds	al deseneration	in Interval Between onset and Death onset and Death on (4231)
	/ / /	BUT NOT RELATED TO THE TERMINAL DISEASE (	CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES \( \) NO
		URRED. (Enter nature af injury in Port I ar Port I	l of item 18.)
20c. TIME OF INJURY Manth, Doy, You Haur o. m. p. m. 19	ear 20d. INJURY OCCURRED 20 While Nat while of wark at work	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	r tawn) (County) (Sta
21. I certify that I attended the alive an 2-10-	60		ne causes and an the date stated above, city ar town, state)  ANITARIUM 2-11)-
PHYSICIAN'S FRIKA	P. KRAEME	R LAUREL	MARYLAND
20. BURIAL, CREMATION, 22b. DATE THERE REMOVAL (Specify) 2/12/6	OF 22c. NAME OF CEMETER	. ^ -	DN (City, tawn, ar caunty) (State)
3. FUNERAL DIRECTOR'S SIGNATURE	Brackery	Undally 24a. REC'D BY REGISTRY	imore Maryland  AR 24b. REGISTRAR'S SIGNATURE  Cuthun S. Kuana

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may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs offer death. death. Page ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OR may be retain TO FUNERAL DIR VS A15 (4) 15M 9/58

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Reg. Dist. No.

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page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.	the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.
	- 15

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death: Page 4 may be retained by the haspital or attending physician.

	-		
	1.	PLACE OF DEATH  O. COUNTY  O. STATE  D. COUNTY  D. COUN	11
	-	b. CITY OR TOWN (If outside corporate limits, write of C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give	e negrest town)
	1	released then have my	1120
X		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Table t Road Cheftey ham the Tiple t Road Cheften ham the	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) Wary Emily Butle R 4. DATE Month OF DEATH Fall	Doy Yeor 1960
	5.		EAR IF UNDER 24 HRS
	L	Temate Megro WIDOWED DIVORCED   May 16 16/6 TA81 yrs	oys Heurs Min.
		o. USUAL OCCUPATION (Give Rind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BUTTHPLACE (Stote or foreign country)  Ochrestic Keliner at Homes Maryland  Usuaryland	EN OF WHAT COUNTR
Tray.	13.	BATHER'S NAME	
	_	unknown.	
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Paughter Address  10. 10 of unknown)  11. INFORMANT Paughter Address  Address  Cheltenh	am my
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
		IMMEDIATE CAUSE (0) Brown chajeneum on a cul	8 days
V		TO DUE TO P Sole UP 11	· ·
		Conditions, if any, which gove rise to immediate out to the conditions of the condit	
		lying couse last. (c) Sexule General arter-o Sclerosia.	Unknows
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
0	CAT	none of note	YES NO 1
	L CERTIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW, INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  Watural Cause	
	MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work of work (Country street office bldg., etc.)	(Stote
		21. I certify that Lattended the deceased from Feb 13, 1960, to Feb 19, 1960, that I las	st saw the deceas
		alive on Feb. 18, 1960, and that death accurred at 1/4AM, from the causes and an the	date stated abo
1		ACTUAL SIGNATURE STAND VAN VOS LUCE HILL &	d SC DT
/		PHYSICIAN'S PAUL C. VANNATEA Suitland Mid	22
	220	BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Gity, town, or county)  BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 22d. LOCATION (Gity, town, or county)  BURIAL, CREMATION, 22d. LOCATION (Gity, town, or county)	Md (State)
0	23.	FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGN	
64	0	Loor and pellson Comasca Monte 2 4 60 arthur S. Tra	us.
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2325 -

CERTIFICATE OF DEATH

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directar	red	_	1	-
funeral	Tab	14		)
e fur	pluods	-	-	
100	S	-	0	80

deoth. Poge 4

may be retaine the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remave carban popers. Pages 1 and 2 the registrar prior to burial, crematian, ar removal, and in ony event within 72 hours given death.

TTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs of

	may be retaine	O FUNERAL DIRE	page 3 should b
VS 15A			

	~	020	CEKTIFI	CAI	E OF DEA	AITI			Reg. D	ist. No		
1. PLACE OF DEATH D. COUNTY	nce George	S	MARYLAN		USUAL RESIDENCE O. STATE Maryla		decease	d lived. If instituti b. COUNTY Prir				ion)
	(If autside carporote limi		ENGTH OF STAY IN 1	lb	c. CITY OR TOWN	(If outside	de corpo	prote limits, write R	URAL and	give ne	arest tow	n}
	everly		lO days	5	8 Adelph	nia						
OR INSTITUTION	TAL (If not in hospitol, g			1	d. STREET ADDRES	2 <u>1</u> 1t	th	Ave.				SIDENCE FARM?
3. NAME OF DECEASED	Fi		Middle		Last		DATE	Mar	ıth	Do	ly	Year
(Type or print)	Mary	F		C	abel		OF DEATH	Feb		8	1	19 60
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		ATE OF BIRTH			9. AGE (In years	IF UNDE			ER 24 HRS
Townla	I Pari to	WIDOWED			11 Oct 1	1870		last birthday) 87 yrs.	Months	Doys	Hours	Min.
Pemale  On. USUAL OCCUPATI	ON (Give kind of wark	-		DUSTRY	11 Oct. J	State or f	foreign c		12. CI	TIZEN O	F WHAT	COUNTRY
Bookbind	king life, even if retired	1	tired		Washin		-			.S.		
3. FATHER'S NAME				1.	MOTHER'S MAID							
John Me	ead				Millis	son l	Perl	kins				
(Yes, no, or unknown) NO	ER IN U. S. ARMED FOR (If yes, give war or dates of s	(anima)	al SECURITY NO. 9-01-1369		ssie Cl	eme	nts-	-Daught				
18. CAUSE OF DE	ATH   Enter Only one co	ouse per line for	(a), (b), and (c).]			,		1 .			ERVAL B	
	ATH WAS CAUSED BY:	7	11,1000	1	1 2	11	111	Xz.		ON	SET AND	DEATH
420.0	IMMEDIATE CAUSE (c		one go ere	4000	our Con	The second		The N		-	-//	
	DOL 10	D.	V		1/1	11	1	Alians			35	1111-
Conditions, if	immediate	1	nnan	ze	a con	un	13	cur x	ca	-	QU	cho
couse (o), stoting	DUE TO			V								
lying couse lost	) (c	:)										
PART II. OT	HER SIGNIFICANT CON	ibitions cont	denate	BUT NO	RELATED TO THE	TERMINAL	UC	SE CONDITION GIV	VEN IN PA	RT 1(0)	PERFO	RMED?
20a. ACCIDENT WAS UNDERLYING   10b. DESCRIBE HOW INJURY OCCURRED. (Enter noting of injury in Port I ar Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
20c. TIME OF INJU Haur a.m.	RY Month, Day, Ye	While	Nat while_		OF INJURY IHome, street, office bldg		20f. (City	y or town)		(Caunty)		(Stote
21. I certify t	21. I certify that Lottended the deceased from 1-29, 1960, to 2-8, 1969 that I lost sow the deceased											
alive on	alive on 2-8, 19 60, and that death occurred a 30A M, from the causes and on the date stated above											
ACTUAL SIGNATURE	my	Hoff	mon to	Mn		ADO	DRESS (S	itreet, city ar tawn,	stote)		DA	TE SIGNE
PHYSICIAN'S NAME (Type)	ъ тъ Но	olbrook										
	ON, 22b. DATE THEREC		NAME OF CEMETER	Y OR ÇR	EMATORY	220	d. JOCA	TION (City, town,	or county)		Sto	te)
memoral (specif)	2/1/	60 1	uday)	/V	ill	8	Ju	elland	0-	m	D	
3 FUNERAL DIRECTO	S SIGNATURE		ADDRESS		240.	REC'D B		100	STRAR'S S			
1 aleni	Leins	Sea Ca	300 - 4th	2	1.C DATE	F FE	p 1 0	60	Tollowy	8. 10	TOUR	

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2325

CERTIFICATE OF DEATH

02319

		CERTIFICA	AIL OI DEAII			Reg. Dist. No.			
1. PLACE OF DEATH O. COUNTY ince	George	MARYLAND	2. USUAL RESIDENCE (WHO STATE District of		b. COUNTY	n: Residence before admission)			
b. CITY OR TOWN (If RURAL ond give ne Cheverly	f outside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Washington		e limits, write RU	RAL and give nearest town)			
d. NAME OF HOSPIT.	AL (If not in hospital, give stre George General	eet address)	d. STREET ADDRESS 2040 Blade	ensburg	Road N	e. IS RESIDENCE ON A FARM YES NO.			
3. NAME OF DECEASED (Type or print)	James First	Middle C	Carroll	4. DATE OF DEATH	Feb.	Doy Year			
s. sex Male		ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Feb. 17,1877			Months Days Hours Mi			
during most of work	ON (Give kind of work done ing life, even if refired) Salesman	Dry Cleaning	STRY 11. BIRTHPLACE (Stote			12. CITIZEN OF WHAT COUNT			
13. FATHER'S NAME William	J Carroll		Mary A. D						
Yes, no, or unknown)	R IN U. S. ARMED FORCES?		ery A. Schr	ider	432 Et	han Allen Av			
	TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bronchop	reumonia			INTERVAL BETWEE			
Conditions, if or gove rise to in couse (o), stoting (lying couse lost.	mmediote but TO	gerenalig	ed Anteni	aschen	20515	5 year			
_	) (c) IER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE C	ON <b>D</b> ITION GIVE	N IN PART 1(o) 19. WAS AUTO PERFORMED YES Z			
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II	of item 1B.)				
20c. TIME OF INJURY Hour o. m. p. m.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work of work of work of work with the power of work o								
	21. I certify that Lattended the deceased from Dec , 1959, to Feb. 5 , 1960, that I last saw the deceased alive an Feb. 4 , 19 60 , and that death accurred at 12:254, From the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED								
PHYSICIAN'S NAME (Type)	Dr. Norman Con	meau, M.D.	Mt. Rai	mier,	Md.				
220. BURIAL, CREMATION REMOVAL (Specify) Burial	2/8/60	22c. NAME OF CEMETERY C			N (City, town, or uitland	Maryland			
Z. FUNERAL DIRECTOR:	s SIGNATURE	ADDRESS 3605-148	F. W. W. DATE	BA SECISTS	R 24b. REGIST	eraris argycznasa			
		Wash	, 10, C						

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eva gaila uadat ata	to represent	; ( )	enter una una una print para	oi.
No. N. P. C. S. C.		v ) - v		
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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MA	RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	02321
2303	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No.

- 1		Kag, Mai. 170.
	PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George's
	b. CITY OR TOWN (if outside corporate fimils, write RURAL ond give neorest fown)  Hyattsville  c. LENGTH OF STAY IN 1b  Lit years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 49 Hyattsville
۷ [	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  5425  19th Avenue	d. street address  5425 19th Avenue  o. Is residence on a farm? yes □ No 15
	NAME OF First Middle OFCEASED (Type or print) Howard Albert Cheer.	ney Lost 4. DATE Month Doy Year 19 60
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.  Male white widowed Divorced D	DATE OF BIRTH  9. AGE (In years lost birthday)  11-16-1883  9. AGE (In years lost birthday)  76 yrs.  Months Days Hours Min.
	oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRE during most of working life, even if retired)  Retired—Policeman  Met—Police Dept.	NY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Waine  USA
-	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Willis Cheeney	Elizabeth Martin
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN  (If yes, give wor or dates of service)	rances Cheeney: same address as # 2.
	Conditions, if any, which gove rise to immediate couse (a), stoting the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Bronchiectasis, bronchial asthma.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO No noter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
	21. I certify that I taok charge of the remains described above death resulted from: Natural causes , Accident , Suice ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type) John T. Maloney M.D.	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FOR DEPUTY MEDICAL EXAMINER FOR FEBRUARY 28th, 1960
	20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR COMPANY STREET	Cemetery Prince George County, Md.
	The S.H. Hines Co2901 14 thSt., N. Washington 9.D.	W. AMAR & ICO Calling & Hama

VS. A15ME(5) 5M 9/55

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	13
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	2:	328	CERII	FICA	E OF DEAL	Н		Reg. Dist. No.	
PLACE OF DEATH	rince George		MARY		. USUAL RESIDENCE (\ o. STATE Mar	Where deceosed li	ived. If institution: b. COUNTY		e deorges
b. CITY OR TOWN RURAL ond give	(If outside corporate lim	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (I	A	e limits, write RUR		
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospitol, s	give street i			/d. STREET ADDRESS	l <sub>1</sub> 3rd	pla		ON A FARM?
3. NAME OF DECEASED (Type or print)	Prince Ge		Middle A.	C	lost Lotta	4. DATE OF DEATH	Month	eb. 1	
S. SEX	6. COLOR OR RACE White	WIDOWE			2-17-86		73 yrs.	Months Days	Hours Min.
Chef	10N (Give kind of work orking life, even if retired	done 10b.	Hotel		Italy		itry)	U.S.	A.
13. FATHER'S NAME	Unknown					ria Gian			
IS. WAS DECEASED EN	/ER IN U. S. ARMED FOR (If yes, give war or dates of		SOCIAL SECURITY NO		rinna G. C	Ciotto (V	Wife) Sar		2
Conditions, if gove rise to cause (o), statin lying cause lost	g the <u>under-</u> DUE TO	)	OLALI ONTRIBUTING TO DE	ATH BUT NO	nex	winal disease of	hafte CONDITION GIVE	hy   1   1   1   1   1   1   1   1   1	9. WAS AUTOPSY PERFORMED? YES IN O
20g. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH 'Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED. (	Enter noture of injury i	in Port I or Port II	of item 18.)		TES [] NO []
20c. TIME OF INJU Hour o. m p. m	. 10	or 20d. In While of worl	Not while of work		E OF INJURY (Home, fa y, street, office bldg., e		r town)	(County)	(Stote
21. I certify alive an Fe  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	that I attended the	2/	60, and that			354, phonom th	et, city or town, sto	an the date	
BANA STEER	<sup>y)</sup> 2/17/60		22c. NAME OF CEMI Mt. Oli	vet		Was	hington	D. C.	(Stote)
3. FUNERAL DIRECTO	R'S SIGNATURE	: (39)	Baltimore	Ave.	24g, RE	C'D BY REGISTRA	R 24b. REGIST!	RAR'S SIGNATUR	tE.

Hyattsville, Maryland

24a. REC'D BY REGISTRAR

DATE FEB 1 7 '60

arthur S. Krous

VS A15 (4) 1SM 9/SB

F. Gasch's Sons

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 8 FilmG256 2-15-60 et CERTIFICATE OF DEATH

02323 Rea. Dist. No

		- fresh I	The sale										
1. PL/	COUNTY Prince	George		MARYLAN		USUAL RESIDENCE Distric			h COUNTY	n: Reside	ence befor	re admiss	sion)
	CITY OR TOWN (I	f autside corporate limi	its, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN	(If outside o	arpor	ate limits, write R	JRAL and	give nec	rest town	n)
				7 Days		Washi	ngton		4	17x	-3		
8.		AL (If nat in haspitol, g				d. STREET ADDRES	S						FARM?
	Prince	George Gene	eral	nospital		15/1 Bre	ntwood	1 R	d.N.E.			YES [	NOX
DE	ME OF CEASED pe or print)	Annie	rst	Middle		Clark	4. DA		Feb.	th	5	•	Yeor 19 60
S. SEX	(	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. D/	ATE OF BIRTH			9. AGE (In years				ER 24 HRS.
	Female	White	WIDOWI	ED X DIVORCED	Fe	eb.22,186	¥ 186	5	94 yrs.	Manths	Days	Haurs	Min.
10o. L	USUAL OCCUPATION	ON (Give kind of work ting life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (S	itate ar fare	gn ca	untry)	12. CI	TIZENOF	WHAT	COUNTRY?
	lousewif		0	wn Home		Maryl	land			U	SA		
13. FA	THER'S NAME		Net 1		14	. MOTHER'S MAID	EN NAME						
	?	Mangu	ım			Unkr	nown						
15. W (Yes, n	AS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		MANT			Addr				
		no	n	one	Hos	pital Re	cords	3	Cheve	rly,	Md.		
16		,	iuse per lii	ne far (a), (b), and (c).]								ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	priem	Pari	K							sug-
94B	420.0	DUE TO	,	,		, ,	10 0	,					1
	Conditions, if a	ny, which ) (b	C	meestra	e j	rear	Xust.	فرسايا	-			204	ay
	gave rise to in cause (a), stating	mmediate (	0	leve i cler	A	6001	1 pl	06	an		,	Lar	1
~	ying cause last.	) (c									1		
CATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE T	ERMINAL DI	SEASE	CONDITION GIV	EN IN PA	RT 1(df) 1	PERFC	DRMED?
- T									100			YES	NO
o 0	R CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (Er	iter nature af injur	y in Part I o	r Port	II af item 1B.)				
		Y Manth, Doy, Ye				OF INJURY (Hame, street, affice bldg.		(City	ar tawn)		(County)		(State)
WED	p. m.	19	While at war	Nat while	,								
2	1. I certify th	at I attended the	deceas	ed from 1.49.	294	, 1960 , ta	Feb.	5	19.60	that I	last sav	v the c	leceased
a	live an Fe	b. 4		60, and that de	ath acc	urred at L:A	M, fr	om 1	the causes an	d on th	ne date	stated	d abave
	1	1 1							reet, city ar tawn,				TE SIGNED
	CTUAL GNATURE	4 Herri	96621	Chrim	M.D.	Hyatts	ville	, 1	Md		2/6	/60	
PI	HYSICIAN'S T	il Bergman	n				Ну	at	tsville,	Md.	•		
	URIAL, CREMATIO		)F	22c. NAME OF CEMETER	Y OR CE	PALACIA DE	22d. L	OCAT	tON (City, tawn, c	r caunty	)	(Stot	te)
R	Burial	2/8/60		Epithany E	pisc	opal	Fo	res	stville,	Mai	ryla	nd.	
23. FU	NERAL DIRECTOR	S SIGNATURE		ADDRESS		240	REC'D BY R	GISTI	RAR 24b. REGIS	TRAR'S	SIGNATU	RE	

Hyattsville, Maryland DATE FEB 9

'60

arthur S. Kraus

death. Page 4 y the haspital or attending physician.

CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director detached far use as the buriol-transit permit. Then please remove corban profess. Roges 1 and 2 should be filed with TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ansit permit. Then please remove corban and in any event within 72 hours ofter de page 3 should be detached far use as the buriol-tra the registror prior ta burial, cremotion, or remaval,

may be retain TO FUNERAL DIR TO HOSPITAL

VS A1S (4) 1SM 9/SB

F. Gasch's Sons

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Manager and Transactor

ADDRESS

Hyattsville. Md.

240 REC'D BY REGISTRAR

DATE FEB 2 9 '60

e. IS RESIDENCE ON A FARM?

USA

INTERVAL BETWEEN ONSET AND DEATH

22 Feb 1960

PERFORMED? YES NO

(State)

24b. REGISTRAR'S SIGNATURE arthur S. Kraus (State)

YES NO TO

Year

FUNERAL DI 0

VS A15 (4) 1SM 9/S8

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	02	325
Reg. Dist. No		0.40
n: Residence bef	ore admis	sian)
ce Georg	ges	
RAL and give no	earest town	n)
-	e. IS RES	SIDENCE FARM?
		NO
D	оу	Year
8		1960
IF UNDER 1 YEA		ER 24 HRS.
Months Days	Hours	Min.
12. CITIZEN C	F WHAT	OUNTRY?
U.S.	A.	
äme as	#2	
airie as	π Δ	
IN1	ERVAL BE	TWEEN
ON	SET AND	DEATH
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5+000		
N IN PART 1(o)	19. WAS PERFC	AUTOPSY
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(County	)	(Stote)
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l an the dat tote)		TE SIGNED
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(Stote)

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Neg. Dist. No. 02326

1. PLACE OF DEA	Prince Geo	rges	MARYLAN	2. USUAL RESIDENCE o. STATE Mar	E (Where decedyland	b. COUNT		
b. CITY OR TOV	VN (If autside corporate limits, wr	ite RURAL	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	N (If outside cor	porote limits, write	RURAL and give	nearest town)
	the Cheverly		XXXII WO EDO	X		Mitche:	llville	
d. NAME OF H	OSPITAL OR INSTITUTION	(If not in ho	ospital, give street oddress)	d. STREET ADDRES	SS			e, IS RESIDENCE ON A FARM?
Prince	Georges Gener	cal Ho	spital	/				YES NO
3. NAME OF DECEASED (Type or print)	John	irst D	Wesley C	ondon	4. DATE OF DEATH	Februar		
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TYEA	R IF UNDER 24 HRS.
Male	white	WIDOWE		Jan- 5- :	1881	79 yrs.	Months Days	Hours Min.
To be egg	PATION (Give kind of work pork prince)  De Laborer	done 10b.	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (S	itote or foreign	country)		OF WHAT COUNTRY?
13. FATHER'S NAA	The second second second			14. MOTHER'S MAIDE				
	Unkn	own			Unknow	m		
15. WAS DECEASE (Yes, no, or unknown)	D EVER IN U. S. ARMED FO	DRCES? 16.	SOCIAL SECURITY NO. 17	James Albe	ert Cor	ndon; W	33rd Ave	nue
Conditions, gove rise to i (o), stating couse lost.	OTHER SIGNIFICANT CO	) ) :) NDITIONS <u>C</u>		ed degree but eardial fails T NOT RELATED TO THE TO	ure			PERFORMED?
PART II  20a. EXTERNA PRIMARY 19 o CAUSE OF DE		Ob. DESCRIE	se how injury occurred the flame f					YES NO
20c. TIME OF	INJURY Month, Day, Ye	ar 20d.	INJURY OCCURRED   20e. P		form, 20f. (Cit		(County) le Pr.	(Store) Geo. Md.
21. I certif	y that I took charg lited from: Natural	e af the causes [	remains described al	M.D. CHIEF MEDICA		Indetermined c		DATE SIGNED
	ATION. 226. DATE THERE	<b>O</b> F	Mt. Zion		The second second	ATION (City, town, chian		(Stote)
	CTOR'S SIGNATURE	าคไ	ADDRESS Uppe:	P 240. F	REC'D BY REGIS		STRAR'S SIGNAT	

VS. A15ME(S) SM 9/55

2737 MEDICAL EXAMINED'S CERTIFICATE OF DEATH MINISTERN MINISTERN CHOICE 4000 HODE THE THE THE SHARE THE the distance of the second of the e de la companya de l OF NO. sexual 12 (6) the entire subject directions . coming and average bear bear sentenced bloom SOUNT SUPPLIERS NO. 

1960that I last saw the deceased

PHYSICIAN'S Dr. Thomas A. ChristensenM/D.

22d. LOCATION (City, town, or county)

ON A FARM?

YES NO

Year

19 60

PERFORMED? YES NO

(Stote)

DATE SIGNED

(State)

22b. DATE THENEOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Prince George'skGeneral Hospital, Cheverly, Md crem

DIRECTOR'S SIGNATA 24b. REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR DATE FEB 2 3 '60 Osthun & House Administrator.

VS A15 (4) 15M 9/5B

FUNERAL

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THE REPORT OF THE SECOND SECON

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is research, please executed the certain also writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directory page 4 should be farwarded to chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

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Upper Marlboro Md DARR 1

	PLACE OF DEATH O. COUNTY Pri	nce Geo:	rge's	MARYLAND	2. USUAL RESIDENCE OF STATE	CE (Where decoor		viion: Residence y Prin		
b	o. CITY OR TOWN (If and give neared lown)	outside corporate limits, v	write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOW		porate limits, write	RURAL and g	ive nearest t	own)
c				neral Hospit	d. STREET ADDRE		oro Pik	e S.E	01	RESIDENCE NA FARM?
-1	NAME OF DECEASED (Type or print)	Willia	First	Middle Mortimer	Cranford	4. DATE OF DEATH	Mont Febr			Year 19 60
	Male			RIED NEVER MARRIED   8		25/07	9. AGE (In years lost birthday)  5 9 yrs.	IF UNDER TY		DER 24 HRS
10a	usual occupation during most of working	life, even if relired	rk done 10b.	Construction	TRY 11. BIRTHPLACE (		ountry)	12. CITIZE	S S	A.
13.	FATHER'S NAME Mortime	r Clem	Cranf	ord	14. MOTHER'S MAID Ethel		camp			
	WAS DECEASED EVE	R IN U. S. ARMED I	of services		Darl E. C	ranfor	d , san		# 2	
		H WAS CAUSED BY	(o)	Coronary Oc	clusion					
	Canditions, if an gave rise to immedia, stating the ucause last.	nderlying DUE T	(b)	Cardiovascu		l disea	18 <b>6</b>			
CATION	gave rise to immed (a), stating the u cause last.	y, which ote couse DUE T	[b] O (c)	Cardiovascu	ılar rena			/EN IN PART 1	PERF	AUTOPSY ORMED?
CERTIFICATION	gave rise to immed (a), stating the u cause last.	y, which into couse nderlying DUE T	(b) O (c) ONDITIONS (	1.	alar rena	TERMINAL DISEASI	E CONDITION GIV	VEN IN PART 1	PERF	ORMED?
MEDICAL CERTIFICATION	gove rise to immed (a), stating the u cause last.  PART II. OTHI	y, which intercourse of the course of the co	(b) O (c) DNDITIONS C	ONTRIBUTING TO DEATH BUT N  BE HOW INJURY OCCURRED. (E  INJURY OCCURRED   200. PLA	alar rena	FERMINAL DISEASI	E CONDITION GIV of item 18.)	/EN IN PART 1	YES N	ORMED?

**ADDRESS** 

VS. A15ME(5)

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23. FUNERAL DIRECTOR'S SIGNATURE

Ritchie Bros.Funeral Home-

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02332

	10 7 C T							Key. Di	31. 140	•	
1. PLACE OF DEATH	2				2. USUAL RESIDENCE (		sed lived. If institu				ission)
	Prince Geor		MARYL		Ligit.	yland		11.0			
b. CITY OR TOWN (I	If outside corporate limits, writen)	RURAL	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (		porote limits, write	RURAL ond	give n	sarest to	wn)
	Berwyn		transie	nt	07 Gre	enbelt					
d. NAME OF HOSPIT	TAL OR INSTITUTION (	If not in ho	spital, give street address)		d. STREET ADDRESS			93.11		e. IS RI	ESIDENCE A FARM?
5701 Berw	ryn Road				52F (	Cresce	nt Road				NO []
3. NAME OF DECEASED (Type or print)	James		Melvin D	odso	Lost	4. DATE OF DEATH	Februa		25		fear 9 60
5. SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	8. D	ATE OF BIRTH	7	9. AGE  In years	IF UNDER			ER 24 HRS
Male	white	WIDOWE	DIVORCED	1	5-24-37		last birthday) 22 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI during most of worki Carpent		done 10b.	KIND OF BUSINESS OR IN Construction	DUSTRY	11. BIRTHPLACE (Short Maryland	e or foreign o	country)	12. CITI		SA	COUNTRY
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN	NAME					
James A	lbert Dods	son			Be:	rtha V	irginia E	Bailey			
15. WAS DECEASED EV	/ER IN U. S. ARMED FO	service)			DRMANT		Address				
No			217-32-4309	Ca	role Ruth	Dodson	; same ac	idress	as	# 2	•
	ATH [Enter only one counTH WAS CAUSED BY:	se per line		hage	and shock				INTER	VAL BETWE	EEN ATH
00	IMMEDIATE CAUSE (0)		TIGHTOIT.	mag c	and brook						
1 7817	X DUE TO		C	4		and the second					
Conditions, if o			Gunsno	t wo	und of che	ST					
gove rise to imme (o), stoting the							1373 W N	No.			3.11
couse lost.	(c)									100	1750
CATIC			ONTRIBUTING TO DEATH I					EN IN PART		PERFO	AUTOPSY PRMED?
	USE WAS NTRIBUTING []		hot by anoth			rt I or Port II	of item 18.)				
20c. TIME OF ATMU	RY Month, Day, Yea		INJURY OCCURRED 20e.	PLACE	OF INJURY (Home, for	m, 20f. (City	or town)	(Cou	nty)		(Slole)
12.40	Feb. 259	50 While	ork of work	Sto	street, office bldg., etc	Be	rwyn I	r.Geo		Md.	
			remains described					Inquir	v [70].	and	find the
			, Accident ,						The second of		
ACTUAL SIGNATURE	Am DV	Tal	oney	N	I.D. CHIEF MEDICAL E	XAMINER				DATE S	IIGNED
1			1		ASSISTANT MEDIC	AL EXAMINE	R 🔲				
NAME (Type)	John T. M.		, M.DV		DEPUTY MEDICAL	EXAMINER	Y Fe	bruar	y 2!	5,	1960
20. BURIAL, CREMATIC	2/27/60	F	22c. NAME OF CEMETERY	Y OR CR	MATORY	22d. LOCA	TION (City, town, o	or county)		(Stole	e)
Burial	2/27/60		Ft Lincoln	Cer	netery	Colma	ar Manor	, Md.		H	
3. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		24g. REC	D BY SEGIST	PAR 245 PEGIS	TRAP'S SIG	NATUR	R.	
F. Gasch'	s Sons Hy	ratts	ville. Md.		DATEFI	EB 29'6	50 Cir	10,000 2.	, 20000		

VS. A15ME(5) 5M 9/55

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	2492 CERTIFICATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH o. STATE O. STATE D. STATE D. STATE D. COUNTY D.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  A Luds Co  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  A Luds Co
	d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION   OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION
	3. NAME OF DECEASED (Type or print) Henrietta Nelson Douglas 4. DATE Month Day Year OF DEATH Feb, 13 1968
4.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DAJE OF JIRTH 9. AGE (In years lost birthday) 2 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  12. CITIZEN OF WHAT COUNTRY Mary Law.
	Nelson Wood Land Henrietta Douglas
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown) (If yes, give wor or dotes of service) — Henrietta Douglas Aguasco, M.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), sloting the under: lying cause lost.  (c)
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
- 1	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING AUSE OF DEATH OR CONTRIBUTING AUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. While Nat while at work at work at work at work 19
	21. I certify that I attended the deceased from Teb 13, 1940, to 19 that I lost saw the deceased alive an Teb 13 1, 1940, and that death occurred at 5 A M, from the causes and an the date stated above ADDRESS (Street, city or town, stole)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Harry R. Coburn, M.D.  Bryantown, Marylande
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Signe)  Business of the county of the co
	Huntt Funeral Home Waldorf, Monte FEB 18 160 Culling & Known

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. VS A

Pines George Prince (reinje Afnasce A EUASCE A 443500

TO HOSPITAL OF TO FUNERAL DI

VS A15 (4) 15M 9/5B

02334

2335 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH D. COUNTY Prin	nce Georges	5	MAR	RYLAND	2. USUAL RESI	DENCE (Wh	ere deceased	d lived. If institut b. COUNTY	ion: Residence Princ		
b. CITY OR TOWN (I RURAL ond give no	f outside carparate limi eorest town)	ts, write	c. LENGTH OF STA			,		rote limits, write f			wn)
	verly		5 days	3	34 XX	DOXN	XXXXXXXXX	Rancel Hy	attsvi	тте	
d. NAME OF HOSPIT	AL (If not in hospitol, g	give street	address)		d. STREET A	DDRESS				e. IS R	A FARM?
	e Georges	enez	11 Hospita	1	7	715	Oxman	Road			□ NO N
3. NAME OF DECEASED (Type or print)	Fin		henzoxx	hael	Dunphy	t	4. DATE OF DEATH	Mai Fel		Day 8	Year 19 60
S. SEX	6. COLOR OR RACE		IED NEVER MARK	PIED TVI	B. DATE OF BIRTI	Н		9. AGE (In years	IF UNDER 1	YEAR IF UN	
Male	White	WIDOWE	_	-	3 Fe	b 196	0	lost birthday) yrs.	Months D	ays Hour	s Min.
10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDU				ountry)	12. CITIZE	EN OF WHA	COUNTRY?
during most of work	king life, even if retired	)	Chila			rylan			U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
Mh aws a	ת חשר	mhar	Sr.		Melv	na Mi	ilstea	d			
Thomas				0. 11	NFORMANT			Ado	dress 777	Oxm	an Rd
[Yes, no, or unknown)	If yes, give wor or dates of s		None			Dun	nha S	Hyatts	1 1 -	. Md.	ICCII IICC
No I	None				Omab F.	Dan	DIIJ L	Ma o o o	ATTTE	,	
	TH [Enter only one co TH WAS CAUSED BY:	use per lir	- 1 - 1							ONSET AN	ID DEATH
PARI I. DEA	IMMEDIATE CAUSE (c	)	alele	cja	acs						
Conditions, if or gave rise to it cause (o), stating lying couse lost.	the <u>under-</u>	)	Pulm	nat	wit	4					
_	J (c IER SIGNIFICANT CON		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	E CONDITION GI	VEN IN PART	1(a) 19. WA PER YES	S AUTOPSY FORMED?
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter nature o	of injury in f	Part I ar Part	t II of item 1B.)	To de		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	Not while of wark		ACE OF INJURY ( story, street, affice			or town)	(Co	unty)	(Stote)
21. I certify th	at I attended the	decens	ed from 2-	3	1960	). ta	2-7	7- 1960	that I last	saw the	decensed
ACTUAL SIGNATURE	lun h	1001	and that	it death	M.D. 30~	12,45A	ADDRESS (SI	the causes are reet, city or town,	nd on the stote)	date state	ed abave. ATE SIGNED
NAME (Type) DY	. Hans Wod	ak.,	MD		30-C	Brid	ge Ro	l, Gree	nbelt	Md.	2/8/6
220. BURIAL, CREMATIO REMOVAT (Specify) Burial	Feb. 11	1.960	Arling		R CREMATORY Nations	2		TION (City, town,	or county)	(Si Orinia	tate)
23. FUNERAL DIRECTOR		1700	ADDRESS	UOH	MECTORS		D BY REGIST	ington	ISTRAR'S SIGN	NATURE	
	AMBERS CO	).,	Riverda:	le,	Md.		<b>B</b> 1 0 '6		rilling S. 1		
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VS A15 (4) 15M 9/55

**CERTIFICATE OF DEATH** 

02335

Rea. Dist. No.

/ . I	
)	1. PLACE OF DEATH o. COUNTY  G. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  MARYLAND  A. COUNTY  B. COUNTY  B. Genger
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  7306 Hams fast St SL. D. 28 7306 Hams fast St. D. C. 18 YES NO D
	3 NAME OF DECEASED (Type or print) Bridget Aques Fazinon Death Feb 2 1960
	5. SEX   6. COLOR OR PACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   1879
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  12. PRIZEN OF WHAT COUNTRY COUNTR
)	13. FATHER'S NAME  Rechard Farmon Margaret Cuff,
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no or unknown) (If yes, give wor or dotes of service)  The service of service of service of service or dotes of service of service or dotes or dot
A STATE OF THE STA	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) acute Congertine, Cardiae factore  ONSET AND DEATH  ONSET AND DEATH  Conditions, if any, which)  (b) Phronic Cunter Cunter Selenate 1944 conditions  Tenk 9 ora
	gave rise to immediate couse (a), stating the under lying couse last.  (c) General ar Unio Selenana Tunharum
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO DO OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CALLO  CALLO  CALLO  CALLO  TO THE TERMINAL DISEASE CONDITION IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO DO  OR CONTRIBUTION CAUSE OF DEATH  OF CALLO  CALLO  CALLO  CALLO  TO THE TERMINAL DISEASE CONDITION IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO DO  OR CONTRIBUTION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION IN PART 1(a) 19. WAS AUTOPSY  PERFORMED?  YES NO DO  OR CONTRIBUTION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION IN PART 1(b) 19. WAS AUTOPSY  PERFORMED?  YES NO DO  OR CONTRIBUTION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY  PERFORMED?  YES NO DO  OR CONTRIBUTION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION IN PART 1(c) 19. WAS AUTOPSY  PERFORMED?  YES NO DO  OR CONTRIBUTION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION IN PART 1(c) 19. WAS AUTOPSY  PERFORMED?  YES NO DO  OR CONTRIBUTION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION IN PART 1(c) 19. WAS AUTOPSY  PERFORMED?  YES NO DO  OR CONTRIBUTION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION IN PART 1(c) 19. WAS AUTOPSY  PERFORMED?  YES NO DO  OR CONTRIBUTION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION IN PART 1(c) 19. WAS AUTOPSY  PERFORMED?  YES NO DO  OR CONTRIBUTION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION IN PART 1(c) 19. WAS AUTOPSY  PERFORMED?  YES NO DO  OR CONTRIBUTION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION CAUSE OF DEATH  OF CALLO  TO THE TERMINAL DISEASE CONDITION CAUSE OF DEATH  TO THE TERMINAL DISEASE CONDITION CAUSE OF DEATH
	i culture
ì	20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19 While at wark at wa
i	21. I certify that I attended the deceosed from april 4, 1950, to Feb. 2, 1960, that I last saw the decease
	olive on Flat., 1960, and that death accurred at 910 AM, fram the causes and on the dote stated above ADDRESS (Street, city or town, stote)  DATE SIGNE
1	PHYSICIAN'S PAUS & C 1/AN NALTA TORA Line 9 Con 28 18
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERS OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 131-11 & 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE FEB 4 60  ADDRESS 131-11 & DATE
	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1

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PX 911 Prince Georges General Hospital Karlson NAME OF DECEASED Middle DATE filled (Type or print) C Fish DEATH Joseph 8. DATE OF SIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED completely 12 July 1880 DIVORCED [ hite WIDOWED T Male papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) death during most of working life, even if retired) and Retired after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Joseph Fish Mary Lord 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY ASTRO INTESTINAL HEMORNHAGE IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which has been signed gave rise to immediate DUE TO cause (a), stating the underand lying cause last burial-transit 20g. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) 20 (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.) Hour a.m. While Not while p. m. at work at work 1959. ta 21. I certify that I attended the deceased fram detached OR: ACTUAL SIGNATURE shauld FUNERAL DIS Mt. Rainier.. Dr. Norman Comeau. M.D. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY poge rial 2-18-60 Congressional 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D 8Y REGISTRAR VS A15 (4) DATE FEB 1 6 '60 1SM 9/S8

1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY MARYLAND PrinceGeorge Maryland Prince Georges b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) West Hvattsvidle days Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Avenue Month Year Feb 19 60 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Days 12. CITIZEN OF WHAT COUNTRY? U.S. Address Miss Florence Fish same as above. INTERVAL BETWEEN ONSET AND DEATH mos m 05 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) Jeb 15 196 Ghat I last saw the deceased and that death accurred ab 30A M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (State) WashingtonD.C. 24b. REGISTRAR'S SIGNATURE arthur & Krous

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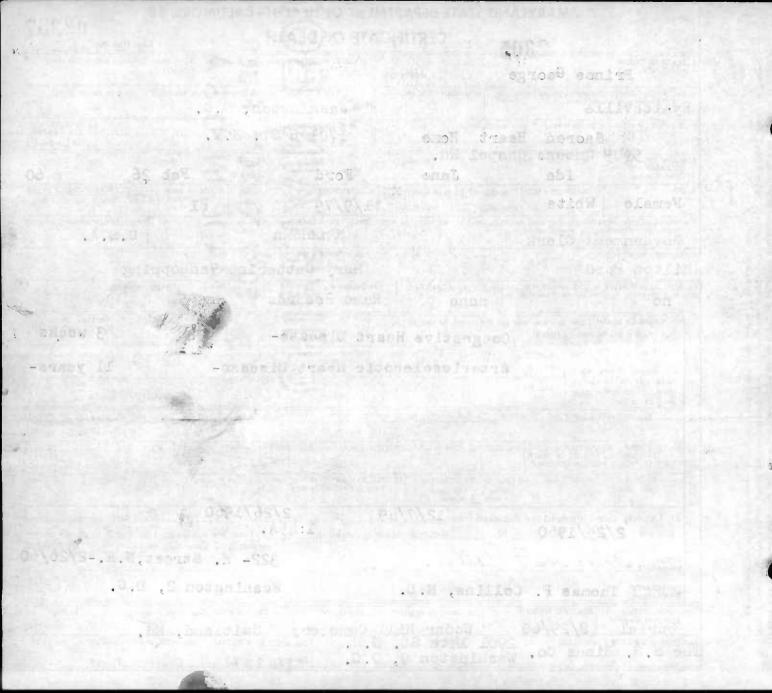
VS A1S (4) 1SM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02337

	23115					Reg. Dist.	No.	
1. PLACE OF DEATH 0. COUNTY Pr	ince George	MARYLAND	2. USUAL RESIDENCE (V o. STATE	Vhere deceased li	ved. If institution b. COUNTY	on: Residence	before admis	ision)
b. CITY OR TOWN (I	If outside corporate limits, write easest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (III Washing			JRAL and giv	re nearest tow	m)
d. NAME OF HOSPIT OR INSTITUTION	Sacred Hea	rt Home	d. STREET ADDRESS 1701 H	St. N.W	1.		ON	SIDENCE A FARM?
3. NAME OF 58 05 DECEASED (Type or print)	Queens <sub>Fi</sub> Gha <b>Ida</b>	pel Rd. Middle Jane	Ford	4. DATE OF DEATH	Feb		Day	Yeor 19 60
Female	Marka	RRIED NEVER MARRIED A	1/9/79	9.	AGE (In yeors lost birthdoy) yrs.		YEAR IF.UND	7
during most of work	ON (Give kind of work done 10 king life, even if retired) Ont Clerk	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stor		try)		A.	COUNTRY
13. FATHER'S NAME Milton Fo	ord		Mary Cath		VanHop	ping		
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT Home Record	ls	Addr	ess		
PART I. DEA  420.  Conditions, if o gove rise to i couse (o), stoting lying couse lost.	ny, which mmediate the under- DUE TO (c)	rteriescleret	ic Heart D	isease.				ars-
CATIC		S CONTRIBUTING TO DEATH BUT				EN IN PART 1	PERF	AUTOPSY ORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Year 20d	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, foctory, street, office bldg., e	rm, 20f. (City or		(Cor	unity)	(Stote
21. I certify the alive an 2/	at I attended the dece	ased fram 12/7/49	, 19 , 10 2,	/26/196	e causes an	stote)	date state	d abave
burial (Specify)		22c. NAME OF CEMETERY C	Cemetery	Suitl	N (City, town, o	Id.	(Sto	ite)
23. FUNERAL DIRECTOR		01 Aprin St. I		C'D BY REGISTRA	R 24b. REGIS	TRAR'S SIGN		



remation,	( M	2404 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 12338
cremation		1. PLACE OF DEATH O. COUNTY O. STATE  2. USUAL RESIDENCE (Where deceosed lived. If Institution Residence before admission) O. STATE  D. COUNTY D.
burial,		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
sriar ta	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  A STREET ADDRESS  ON A FARM?  VES TI NO F
r yaur file registrar p		3. NAME OF DECEASED (Type or print)  OF DECEASED (Type or print)  OF DEATH
with the re		5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (in years lif UNDER 1YEAR IF UNDER 24 HR: fost birthday)  WIDOWED DIVORCED DIVORCED VIEW 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,
5 W	~	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY of working life, even if retired)
s 1 and	(I)	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
Page 5 m File pages		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address
mi.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
sit permit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PRET I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PRET I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  PRET I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  PRET I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)
burial-transit	<b>/</b>	Conditions, if any, which agove rise to immediate couse agove rise to immediate agove rise to immediate couse agove rise to immediate agove rise a
as a bu		couse last. (c)
used	0	PERFORMED? YES \( \text{NO} \( \lefta \)
ould be		PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
ge 3 should		20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State)
OR: Page		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find the death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause
RECT		ACTUAL SIGNATURE DATE SIGNED
FUNERAL or remayal.	2	EXAMINER'S A M P S I . TO VI DEPUTY MEDICAL EXAMINER TO TO BE (15. 196
TO FUN		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d to CATION (City, Jown, or county) (Smile)
ME(5)	2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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The second sections					

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince	leorges		MARYL		usual RESIDENCE (WI o. STATE Maryland	here decease		ion: Residence b		issian)
	f autside carparate limi	ts, write	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (If o					wn)
Cheverly			22 days	7	/ Hyattsvi.	lle				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS					A FARM?
Prince Ge	eorges Gene	ral			4106 Clage	tt Rd.			YES [	NO Z
3. NAME OF DECEASED (Type or print)	Fir	st	Middle		Greenberg	4. DATE OF DEATH	Mo Feb		Day 7	Year 19 60
S. SEX			ELED NEVER MARRIED		ATE OF BIRTH VG. 11,1909		9. AGE (In years last birthday)	Months Day		
Female	White	WIDOWI	yes				50 yrs			
10a. USUAL OCCUPATION during most of work PRES: DENT VI	ing life, even if retired		KIND OF BUSINESS OR	RINDUSTRY	PITTSBURG		auntry)	12.CITIZEN	S A	COUNTRY
13. FATHER'S NAME		(1.0)		1	4. MOTHER'S MAIDEN	NAME				
DAVID C	CHEN				ANNA PE	RLMI	4N			
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of se		SOCIAL SECURITY NO.		MARD ROE	BIN	2102 WE	dress	FOR	ssml
Conditions, if all gave rise to it cause (a), stating lying cause last.	the <u>under</u> . DUE TO	)								C AUTORS
САТІС	ier significant con	DITIONS C	CONTRIBUTING TO DEA	IH BUI NO	I RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART I(c	PERI	FORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature of injury in	Part I ar Par	t II of item 18.)		113	
Y 20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yea	While at war	Nat while	20e. PLACE factory	OF INJURY (Hame, farm, street, affice bldg., etc	n, 20f. (City	or town)	(Caur	ity)	(State
ACTUAL SIGNATURE	at I attended the		ed fram. $3 - 9$ . $6C$ , and that $6$		curred at /13ch	_M, fram		nd an the d	ate state	
220. BURIAL, GREMATIO REMOVAL (Specify)	FEB. 9,10		BETH SHA		- 4	4 -	TION (City, town,		Pa.	rate)
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	H-hi	DATE	B 1 0 6		ISTRAR'S SIGNA		

by the hospital ar attending physician.

JOR: After this certificate has been signed by the attending physician and completely filled in by the funerolates. Pages I and 2 shauld be ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours TO FUNERAL D TOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. TO HOSPITAL OR

VS A15 (4) 1SM 9/S8

the registror priar to burial, cremotian, ar removal, and in any event

death. Page 4

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del financia		
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A FEB SA	The supplied to	<ul> <li>Physical Mills (1984)</li> </ul>
	ANGEL ENDER	Palled Grad

ian and campletely filled in by the funeral director, carbon papers. Pages 1 and 2 should be filed with after death.	1. PLACE OF DE O. COUNTY  b. CITY OR TO RURAL and  d. NAME OF OR INSTITU  3. NAME OF DECEASED (Type or print S. SEX  10a. USUAL OCC during most)  13. FATHER'S NA
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requires that the deoth certifica

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VS A15 (4) 1SM 9/SB

c. LENGTH OF STAY IN 16 OWN (If outside corporate limits, write give neorest town) SuiTIANA HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS JTION De 1/0 112-4. DATE OF DEATH Middle 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED | UPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY of working life, even if retired) 14. MOTHER'S MAIDEN NAME physici IS. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO INFORMAN' attending please 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which certificate hos been signed gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while 19 ot work ot work 21. I certify that I attended the deceased fram by the ACTUAL SIGNATURE 3 should may be retai NAME (Type) 220. BURIAL CREMATION. page

CERTIFICATE OF DEATH Rea. Dist. No ATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months yrs. 12. CITIZEN OF WHAT COUNTRY? VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 19 6 Othat I last saw the deceased \_, and that death accurred at 8 H .\_ M, from the causes and an the date stated above. 22d. LOCATION (City, town, (Stote) 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 2 3 '60 Orthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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attending physician and completely filled in by

OR: After this certificate has been signed by

the hospital ar attending physician. detached far use as the buriol-tronsit cremation, ar remayal, and

ta burial,

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page 3 should be TO FUNERAL DI

permit.

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

death. Page 4 director,

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02341

		233	CERTIFICA	ATE OF DEATH	Н		Reg. D	Dist. No		
1. PLACE OF DEATH a. COUNTY Prince	George		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here decease	b. COUNTY,	an: Reside			sian)
	(If autside carparate limi nearest lawn)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF 62 Hvattsvi)						n)
d. NAME OF HOS OR INSTITUTION	PITAL (If nat in haspital, g		address)	d. STREET ADDRESS		Rd.			ON A	SIDENCE A FARM? NO K
3. NAME OF DECEASED (Type ar print)	Ann	rst a	Middle C •	Gu <b>ile</b> r	4. DATE OF DEATH	Feb.		2	20	Year 19 60
s. sex Fem	6. COLOR OR RACE White	7. MARRI WIDOWE	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9-29-09		9. AGE (In years last birthday) 50 yrs.	Manths Manths		Haurs	Min.
10a. USUAL OCCUPA during most of w	TION (Give kind af wark arking life, even if retired <b>none</b>	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ohio	auntry)	12.C1	SA		COUNTRY
	Harvey M Gu	CES? 16.		INFORMANT	Thomas	Add	ress			
1B. CAUSE OF D PART I. D 5 2-6 Canditions, if gave rise ta cause (a), statin	DEATH [Enter only one constant was Caused BY: IMMEDIATE CAUSE (By: IMMEDIATE CAUSE (Constant), which Immediate Ing the under.	Pull Abs		dilure lung, old	, Sur	etsville			SET AND	
CATIC			ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a)	19. WAS PERFO YES	AUTOPSY ORMED?
OR CONTRIBUTION	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)		RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in				(Country)		/State

While Nat while at wark

factory, street, affice bldg., etc.)

(Caunty)

(State)

ACTUAL

21. I certify that Lattended the deceased from

and that death occurred at 2.05P.M, from the causes ond on the date stoted obove. ADDRESS (Street, city ar tawn, state)

PHYSICIAN'S NAME (Type)

Dr. Bergeman 22a. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Hyattsville, Md. 22d. LOCATION (City, tawn, ar caunty) Ohio

Hyattsville Md

(State)

REMOVAL (Specify) Transportation 2/22/60 23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 1SM 9/SB

F. Gasch's Sons

Hyattsville, Maryland.

Quaker City

FEB 2 3 60

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ON A FARM?

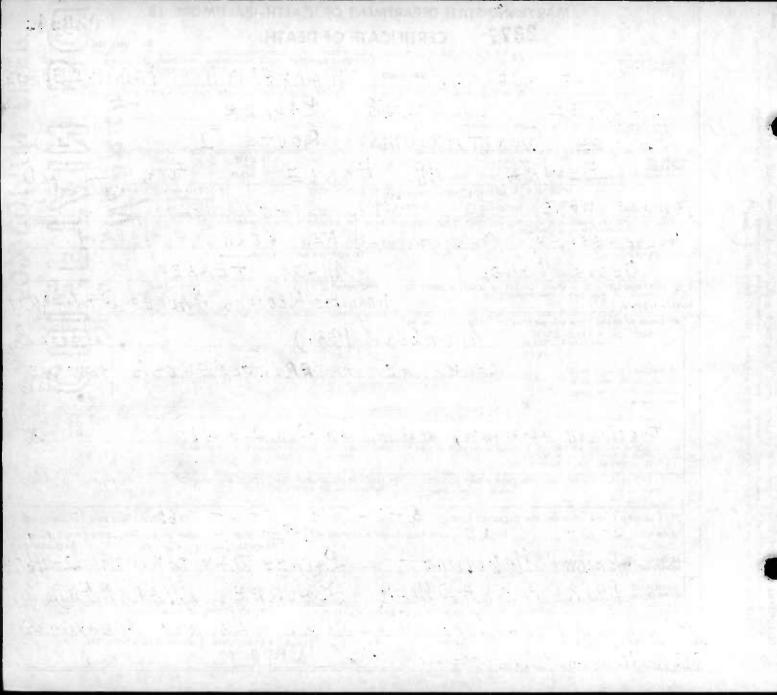
YES NO TO

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PERFORMED?

(Stote)



VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
0200	Item	7 FilmG256	2-11-60 et	

CERTIFICATE OF DEA

02345

		1000		CEKIII	ric/	AIE OF L	EAIF	1		Reg. D	ist. No	J.	
1. PL.	ACE OF DEATH COUNTY Prince Ge	orge		MARYL	AND	2. USUAL RESIL		ere deceased	lived. If institut b. COUNTY Prin				sion)
b.	CITY OR TOWN (If RURAL and give ne	outside carporate limi	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR 1	OWN (IF o	utside corpoi	rate limits, write l	RURAL and	give ne	arest town	n)
	Riverdale			17 days		5 Rive	rdale						
d.	NAME OF HOSPITA	L (If not in hospital, g	give street	oddress)		d. STREET A						e. IS RES	SIDENCE A FARM?
E	Eugene Lel	and Memori	al H	ospital		4711	Sheric	dan St	reet				] NO-[-]
3. N/	AME OF	Fi	rst	Middle	100	Los		4. DATE OF	Moi	nth	Do	ру	Year
	ype ar print)		INA	R.		HAN:	EY	DEATH	2/		5		19 60
5. SE	X	6. COLOR OR RACE	7. MARE	NEVER MARRIE	0 🗆	B. DATE OF BIRTH	1		9. AGE (In years lost birthday)				ER 24 HRS.
	Female	white	WIDOWI			10/5/82			77 yrs.	Manths	Days	Hours	Min.
10a. t	USUAL OCCUPATIO during most of worki	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR	RINDU	STRY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)				COUNTRY
	Stenogr		1	Retired		Co	nnect	icut		J	U.S.	A.	
13. FA	ATHER'S NAME					14. MOTHER'S						11-15	
		ll Morse				Bel	le Go	odwin					
15. W  Yes, n	AS DECEASED EVER	IN U. S. ARMED FOR f yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		William.	Add	lress			
υ	inknown				H	ospital	recor	ds					
			use per li	ne for (a), (b), and (c).]	0	0	. ,	1			INT	ERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	16	embra	1	Idro	mb	bles	/			JET AND	DEATH
	332X	DUE TO					1						
	Canditions, if on		12	rterio	20	elevos	us						
	gave rise to im cause (a), stating the												
	lying cause last.	) (c	)										
MEDICAL CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	19. WAS	AUTOPSY DRMED?
[3]_	URA	in n	up	enator	4	int	cct	con		100			NO
E 2	OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH	206. DES	CRIBE HOW INJURY OC	CORRE	D. (Enter nature at	injury in P	art I ar Parl	II of item 18.)	Tre O	304		CICAL)
100				l at home									
걸	Oc. TIME OF INJURY	Month, Day, Ye	or 20d. It While	NJURY OCCURRED  Not while	20e. PL	ACE OF INJURY (It ctary, street, office	tome, farm, bldg., etc.	20f. (City	or town)	-	(County)		(State)
₩.	p. m.	1/19/60 19	at wor	at work	Но	ome		Ri	verdale	P	r. G	eo.	Md.
2	21. I certify the	at I attended the	deceos	ed from.		, 19	, to	1-5	196	O, that I	last so	aw the	deceased
0	alive on 2	~5	196	o, ond that	deoth	occurred ot.	95%	LM, from	the couses of	ond on t	the da	te state	ed above
		Don.	77	1.				ADDRESS (St	reet, city or town,	state)			ATE SIGNED
S	CTUAL	Jett. D	un	well.		м.в. 4408	Quee	nsbury	Road			2/5/	60
	HYSICIAN'S	(N. 15 19)	9.5										
N	IAME (Type)	D.R. Pur		M.D.		Rive	rdale	Mary	rland				
22a. E	BURIAL, CREMATION	, 22b. DATE THEREC	)F	22c. NAME OF CEMET	TERY O			22d. LOCAT	ION (City, town,	or caunty)		(State	
В	urial	Feb 9, 1	960	Ft Lincol	ln (	Cemetery		Coln	nar Mano	r, M	aryl	Land	•
23. FL	JNERAL DIRECTOR'S			ADDRESS		100		BY REGISTI	RAR 24b. REGI	STRAR'S SI	IGNATUI	RE	
	F Gaech	le Sone	Hyat	teville	Md		EF	R 9 '6	0 0	Thur &	That	LA	

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Canditions, if ony, which gave rise to immediate couse (o), stating the underlying couse last

WAS AUTOPSY PERFORMED? YES 🗌 NOF

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

10b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year

20d. INJURY OCCURRED While Not while at work ot work

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)

(Stote) (County)

21. I certify that I attended the deceased fram

p. m

Hour o. m.

that death accurred at 16

ADDRESS (Street

DATE SIGNED

(Stote)

4that I last saw the deceased

ACTUAL

MEDICAL

PM, fram the causes and an the date stated above.

PHYSICIAN'S NAME (Type 22b. DATE THEREOF 229 BURIAL, CREMATION,

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, or county)

24B. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

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24a. REC'D BY REGISTRAR

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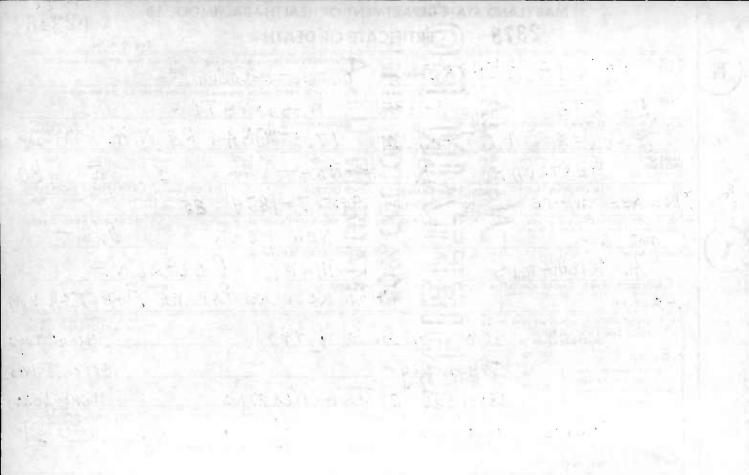
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a. COUNTY

NAME OF

DECEASED

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ADDRESS

240. REC'D BY REGISTRAR

Street, N.E. DATE

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FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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SYATE DEPARTMENT OF MEALTH-BALTIMORE, 18

VS A15 (4) 15M 9/58

-	MARYLAND STATE DEPART Item 8 Film G258	MENT OF HEALTH—BALTIMORE, 18 ()234	9
	240S CERTIFIC	CATE OF DEATH Reg. Dist. No.	
1	PLACE OF DEATH  a. COUNTY Prince Georges MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTYPro George's	
1	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Iillside Md	b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  Hillside Md.	
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 1302 53rd avenue	d. STREET ADDRESS  1302 53rd avenue, .  e. IS RESIDENT ON A FARM YES \( \) NO	M?
3	NAME OF DECEASED (Type or print) FIRST ODELL	HARVEY 4. DATE Month Day Year OF DEATH February 29, 196	0-
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [  male white widowed □ DIVORCED □	1 1 2 2 /1/0/0/0 7 QQQ   1 plast birthday)   Manths   Days   Haurs   M	HRS.
10	Oa. USUAL OCCUPATION (Give kind of wark dane 10b, KIND OF BUSINESS OR Induring most of warking life, even if retired)  Foreman	DUSTRY 11. BIRTHPLACE (State or foreign country)  Maryland.  12. CITIZEN OF WHAT COUN  USA	TRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
L	Norval C Harvey	Mary A Beall	
	5 WAS DECEASED EVER IN U. S. ARMED FORCES? Ves. no. or unknown)  yes Ves. (If yes, give wor or dates of service)  579 12 7553	Mary Harvey Hillside, Md.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ACLITE CAU	rdiac failure ONSET AND DEA	
	527, 1 DUE TO Cor pul.	monale 3 year.	5
	gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  Co. Destruction	ve emphysema 3 years	7
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  Auturios curotic C.	BUT NOT RELATED TO PIETERMINA DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTO PERFORMED YES NO	D?
CEDT	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature af injury in Part I ar Part II af item 18.)	
ACIOSA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e Hour a. m. While Not while at wark at wark at wark	PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (S factary, street, affice bldg., etc.)	State)
	21. I certify that I attended the deceased fram 10 - 1	6 -, 1957, to 2 -27 -, 1960, that I last saw the deced	ased
	alive an 2 - 10 - 1960, and that de	ath accurred at 1/30 M, fram the causes and an the date stated ab	
	ACTUAL SIGNATURE Peters Junes	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  DATE SIGN  M.D. 6/24 Central for hylls,	MED

Capital Heights, PC PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY
Arlington National 22b. DATE THEREOF 22a. BURIAL, CREMATION, REMOVAL (Specify) Mar 3, 1960 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D 8Y REGISTRAR Hyattsville, Maryland F. Gasch's Sons

Arlington Va.

'60

DATEMAR 3

24b. REGISTRAR'S SIGNATURE Chilmy S. Kranes

(State)

Control of the second control A special was town. interiorie menace . be shire it. 1302 Card armine. A 01-55 HAVE SOFT hasy and. frag national mention grand C haves . Li . ebinilli yournel yard thir you have CONTRACTOR OF THE PROPERTY OF Literary and the Land of the first section of Provide the state of the state Lamber de la laction de la laction de la participation de la parti A THE THEY IN THE PARTY OF PARTY OF THE PART

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2340

CERTIFICATE OF DEATH

(12351)

	Reg. [	list. No.
1. PLACE OF DEATH o. COUNTY Prince Georges MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE Maryland b. COUNTY Pri	ence before admission) nce Georges
b. CITY OR TOWN (If outside corporate fimits, write RUBAL and give pearest town)  Cheverly  c. LENGTH OF STAY II 2 Years	IN 1b c. CITY OR TOWN (If outside corporate fimits, write RURAL onc	give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 3512 56th Place	d. STREET ADDRESS 3512 56th Place	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First Middle DECEASED (Type or print) EUGENE H	AUXHURST 4. DATE Month OF DEATH Feb.	16, Year 19 60
5. SEX Male    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	lost birthday)   Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  D. C. Gover		U.S.A.
Eugene N. Hauxhurst	14. MOTHER'S MAIDEN NAME Bertha Larabee	
(I) yes, give wor or dates of service)  No  (II) yes, give wor or dates of service)  None	Anne D. Hauxhurst (Wife) Same	e as # 2
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	05CLE R0513	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	NTH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 19
	CCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work of work	20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (State)
	death accurred at TILS A.M., fram the causes and an ADDRESS (Street, city or town, stote)  M.D. 4314-6ALLATIN ST.	last saw the decease the date stated above DATE SIGNE 2 - 171 - (
PHYSICIAN'S TILL BERGEMANN, M.C.		
Bendy ratherity 2/19/60 Cedar		Md.
23. FUNERAL DIRECTOR'S SIGNATURE 4739 Baddrissnore F. Gasch's Sons Hyattsville, Ma	EED 1 0 100	S. Kraus

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(	)	AL SAID	\$100 mm		
				harants.	A Townson
	.0		1200		3)

5M 9/55

e. IS RESIDENCE ON A FARM? YES NO

Year

196

IF UNDER 24 HRS.

Min.

Hours

INTERVAL BETWEEN

PERFORMED?

DATE SIGNED

(State)

(County)

NO C

(State)

Day

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/58

Rea. Dist. No e. IS RESIDENCE ON A FARM?

YES NO ST

Year

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES NO

(Stote)

DATE SIGNED

(State)

Days

(County)

Months

## ENTAGE TO READ REPORTED BURNING

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Rea. Dist. No.

2372 **CERTIFICATE OF DEATH** 

1.	PLACE OF DEATH	
	a. COUNTY PA	ince

-							
2.	USUAL RES	IDENCE (W	here deced	If institution o. COUNTY	Residence	before	odenissio

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
G. COUNTY Prince George MARYLAND	o. STATE M. b. COUNTY Or.	Seo
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give	re nearest tawn)
Distrut Hghts	de Distrut Hypols	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  3307- Kerslyn, St.	1 d. STREET ADDRESS 3307-Roslyn St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle	Last 4. DATE Month	Day Year
DECEASED (Type or print) John R.	TICKS OR DEATH Feb.	20 1960
	The state of the s	YEAR IF UNDER 24 HRS. Pays Hours Min.
MALE WHITE WIDOWED DIVORCED	July 6-1945 14 yrs.	7
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	STEY 11. BITHPLACE (State ar foreign country) 12. CITIZI	EN OF WHAT COUNTRY?
	My. U	. J M.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John R. Heeps Sv.	Margaret M. Juse	<u> </u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	NEORMANT Address 330	7 - Reslym St
	John R. Hecks & Des	+ Hghts, mx
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6)	isceral failure	several mas
751X DUE TO		
Conditions, if ony, which) (b) Cerebral	olegeneration	
gove rise to immediate cause (o), stoting the under-	1 112	1 100
lying couse lost. (c) Hydrs cepha	his with meningo myelocale	buth
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
TA CALL		YES NO TO
R OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II af item 18.)	
	ACE OF INJURY (Home, farm,   20f. (City or town) (Ca ctory, street, affice bldg., etc.)	unty) (Stote)
Hour o. m. p. m.  19 While Nat while of work of work		
21. I certify that I attended the deceased from.	1/5, 19.55, ta 2/20, 1960, that I last	saw the deceased
alive an	occurred at 8 A.M. from the causes and an the	date stated above.
1. 10	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE Rower d. Cross	M.D. 5556 filver Hill Rd., S. 6	. 2-20-6
PHYSICIAN'S HOUIS h. CROSS	Washington 28, &	).C.
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  1661-Cood Hop	LE RA SE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN LE RA SE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN Cutling &	MATURE KANA

requires that the death certificate be executed within 24 haurs haspital or attending physician.

After this certificate has been signed by the attending physician and cample.

After this certificate has been signed by the attending physician and papers.

And for use as the buriol-transit permit. Then please remaye corbon papers. oched for use as the buriol-transit permit. Then burial, cremation, ar remaval, and in any event detoched for use as the buriol-transit TO FUNERAL DETAIL POSS 3 should be a TO HOSPITAL

funeral director

and campletely filled in by the funeral direction papers. Pages 1 and 2 should be filed

VS A15 (4) 15M 9/5B

2272 CERTIFICATE OF DEATHER OF A Share The Company of the Company o

VS. A15ME(5) SM 9/55 0

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MA	RYLAND ST.	ATE DEPARTME	NT OF HEALTH-	-BALTIMORE,	18
2341	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	D

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lea.	Dist.	No.				

								1011 111	-	
1. PLACE OF DEATH		-	44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	2. USUAL RESIDENCE (		ed lived. If institu	Y _	67		ssian)
L CITY OR TOWN	Prince	Geor		Maryl		. 41 1. 1.		r. G		- 1
and give nearest	(If outside corporate limits, write lown)	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		porale limits, write	KUKAL On	d give n	earest tax	vn)
Cb	everly		D.O.A.	35 Glen A	rden					
d. NAME OF HO	PITAL OR INSTITUTION (IF	nat in hosp	oital, give street address)	d. STREET ADDRESS						A FARM?
	Georges Gene	eral H	<u> </u>			ln Avenu	е			NO 🗆
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Mont		Doy		ear
(Type or print)	Timoth		1110	Holmes	DEATH	Febru	ary	27	1	9 60
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 3	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			ER 24 HRS.
Male	Colored	WIDOWED	DIVORCED [	May 24, 19	58	l yes.	Months	Days	Hours	Min.
during most of wo	ATION (Give kind of work derking life, even if retired)	one 10b. Ki	None	RY 11. BIRTHPLACE (Stote Maryland	ar fareign o	ountry)		IZEN O	F WHAT	COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
LV	phonsoe Natha	aniel	Holmes	Delores	Holm	es				
15. WAS DECEASED	EVER IN U. S. ARMED FOR	CES? 16. S		NFORMANT		Address				
(Yes, no, or unknown) NO	(If yes, give war or dates of se	ervice)		lores Holmes	: sam	e addres	s as	# 2.		
		11 6								Par
	EATH [Enter only one cause EATH WAS CAUSED BY:	e per line n	or (a), (b), and (c). J					ONSE	T AND DEA	TH
100100	IMMEDIATE CAUSE (a)		Lobar pneu	monia						
490	DUE TO									
Canditions, if										
gave rise to im							1917			
(a), stating the	(c)_									
Z PART II.		ITIONS COI	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	E CONDITION GIV	EN IN PAR	T 1(a) 1	9. WAS A	UTOPSY
OLIV										RMED?
20g, EXTERNAL	CALISE WAS 205	DESCRIBE	HOW INJURY OCCURRED. (E	ater acture of lainer in Re-	A Lou Book II	of it 101			ies 🛴	NO []
PRIMARY OF DEA	CONTRIBUTING [		THOW INJURY OCCURRED. (E	mer nature of injury in Far	n i or ron ii	ar trem 16.)				
20c. TIME OF IN			f and	CE OF INJURY (Hame, farm ary, street, affice bldg., etc	n, 20f. (City	or tawn)	(Co	unty)		(State)
Hour a.		While at wor								
21. I certify	that I took charge	of the re	emoins described obo	ve, held an Autops	y 🔯 Ir	spection X,	Inqui	ry XX	, ond f	find that
death result	ed from: Natural c	auses 🔽	Accident , Sui	cide , Homicide	e $\square$ . Ur	ndetermined o	ouse [	1.		
1	1/		1				_			
ACTUAL	Jahr 7 4	A - 1	00000	CHIEF MEDICAL E	YAMINED [7				DATE S	IGNED
SIGNATURE	wind.	HECK	oray	_M.D.		. —				***
EXAMINER'S				ASSISTANT MEDIC		_				2050
NAME (Type)		loney		DEPUTY MEDICAL	EXAMINER TO	J F	'ebrua	ry	27,	1950
PEMOVAL (Spec	TION, 226. DATE THEREOF $3-2-6$	4	22c. NAME OF CEMETERY OR	CREMATORY	Der	Mon (City, town,	or county)	d	(Slate	5
23, FUNERAL DIRECT	OR'S SIGNATURE	2/1	ADDRESS 10 ACE D	Au 7/5 240. REC	D BY REGIST	RAR 246. REGI	STRAR'S SI	GNATUI	RE	
Henry J.	Caskingin	7/	100 Decarde	DATE M	AR 8 '8	60 a	ilun &	. Kra	ud	
				2.110 635						

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02355

0110	Reg. Dist. No.					
Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  a. STATE Maryland b. COUNTY Pr. Geo.					
b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b Seabrook transient	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Pennsylvania R.R. Tracks	d. STREET ADDRESS 111; 8th Street  on a farm? YES \( \) NO \( \)					
NAME OF First Middle  OFCEASED (Type or print) Helen Louise Hop.	kins Lost 4. DATE Month Day Year bins Death February 5 19 60					
SEX Female  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	1-20-40   Control of the control of					
Od. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Mercantile	11. BIRTHPLACE (Stole or foreign country)  D.C.  U.S.A.					
3. FATHER'S NAME  James Hopkins	14. MOTHER'S MAIDEN NAME Mary Louise Ridgeway					
Yes no ne unhanum) a tif use nive were as dates of services	rs. Albert Ridgeway; Glen Dale, Md.					
gove rise to immediate couse (a), stating the underlying couse lost.	iple and severe					
	PERFORMED? YES NO					
I ILLUINE IN CHI CUUCHI	obile which was struck by a train.					
Hour ZAm. 2-5-60 While Not while factor of work at work R	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ary, street, office bldg., etc.)  R. Tracks Seabrook Pr. Geo. Md.					
21. I certify that I took charge of the remains described about death resulted from: Natural causes , Accident , Suid						
ACTUAL SIGNATURE John J. Maloney	_M.D. CHIEF MEDICAL EXAMINER					
EXAMINER'S John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER					
20. BURIAL, CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY OR Ft. Lincoln	Colmar Manor, Md.					
F. Gasch's Sons Hvattsville. Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE FEB 1 1 '60 Cuthing S. Higher					

VS. A15ME(S) 5M 9/55

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## MARYLAND STATE DEPARTMENT DEHEMEN -- BALLINGER, 10 HTARGEO DE ADELLE DE DESATH

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CONTE LA PRINCIPAL DE			
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funeral director,

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may be retained by the hospital or attending physician. **D FUNERAL** (CTOR: After this certificate has been signed by the attending physician and campletely filled in by the function of FUNERAL (CTOR: After this certificate has been signed by the attending physician and campletely filled in by the frue page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

may be reta

VS A1S (4) 1SM 9/SB

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

Page ,

death.

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	24	11	CERTIF	·ICA	TE OF DEAT	Н		Reg. Dist	No.	
1. PLACE OF DEATH a. COUNTY P	rince Georges	5	MARYL	AND	2. USUAL RESIDENCE (W. a. STATE		lived. If instituti b. COUNTY		before adr	nission)
b. CITY OR TOWN RURAL and give r Glenn Dale		write	length of stay is 11 months		c. CITY OR TOWN (IF	outside corpo	rate limits, write R	URAL ond gi	ve nearest to	own)
	TAL (If not in hospital, give		ldress)		d. STREET ADDRESS	6th S	t., S. W.		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First Sally		Middle		Howard	4. DATE OF DEATH	Mor 2	nth	Day 2	Year
s. sex Female	6. COLOR OR RACE 7	MARRIE IDOWED			6/19/15		9. AGE (In years last birthdoy) yrs.		YEAR IF UN	NDER 24 HR
10a. USUAL OCCUPATI	ON (Give kind of work dor rking life, even if retired)		nd of Business or		TRY 11. BIRTHPLACE (Stor		ountry)		EN OF WHA	AT COUNTRY
13. FATHER'S NAME	and a				14. MOTHER'S MAIDEN	NAME Callah		-		
Eddie Howe 15. WAS DECEASED EV (Yes. no. or unknown) NO	ER IN U. S. ARMED FORCE (If yes, give war or dates of servi	ce)	ocial security no.		Decedent	Carran	Add	ress	61	
	immediate DUE TO				e hemorrhage					BETWEEN ND DEATH
PART II. OT	THER SIGNIFICANT CONDIT		Pulmonary	tub				VEN IN PART	PE	AS AUTOPS REORMED?
20c. TIME OF INJU Hour a. m. p. m.		20d. INJ While of work	Not while		ACE OF INJURY (Home, for tory, street, office bldg., e		or town)	(Co	ounty)	(Stot
21. I certify t alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Moe Weiss,	12.6		death		ADDRESS (S		nd an the stote)	date stat	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF		22c. NAME 05 CEMET	TERY O			FION City, town,	or county)	70	Stoke)
23. FUNERAL DIPECTOR	R'S SIGNATURE W	D. (	ADDRESS)	the	24g. REG	EB 8 '6		STRAR'S SIG		
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VS A15 (4)

1SM 9/SB

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Pro Georges MARYLAND Pro George's Maryland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Carmody Hills Carmody Hills Md d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE or institution 202 72 ON A FARM? 72th Place 202 72th place YES NO IN NAME OF 4. DATE Middle Year DECEASED OF DEATH Feb 21, 1960 Jeffrey Hunter Brook (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days male white DIVORCED TO Dec 6. 1955 WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Washington D. C. none 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elgin Hunter Marion L High INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO Elgin Hunter Carmody Hills, Md. no none 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: -16 pertis IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark p. m . 19 60, that I lost saw the deceased 21. I certify that Lattended the deceased from. \_\_\_, and that death occurred at 11.55 MAfrid the couses and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 4400 Bourn fran Feb 21, 196 PHYSICIAN'S NAME (Type) Thomas Cullen Washington D. C. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 2/23/60 Fort Lincoln Cemetery Colmar Manor, Md 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR C Thung & Knows F. Gasch's Sons DATEEB 2 4 '60 Hyattsville, Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours for death. Page 4 may be retain by the haspital or ottending physician.  TO FUNERAL L. TOR: After this certificate has been signed by the attending physician and completely filled in by me funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.	(
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y the haily the hail TOR: Aft detached to burial	
AL OR A cald be auld be ar prior	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed may be retained by the haspital or ottending physician.  O FUNERAL E TOR: After this certificate has been signed by the attending physician and comp page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon paper the registrar prior ta burial, cremation, or removal, and in any event within 72 hours offer delth.	
VS A15 (4)	

_	14 th 2					Reg. Dist. N	0.
1.	PLACE OF DEATH o. COUNTY	MARYLAND.	2. USUAL RESIDEN	CE (Where decease	ed lived. If institution b. COUNTY	n: Residence bei	fore odmission)
	Prince George	MARYLAND	Mar	vland		ice Geor	200
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corpo	orote limits, write RU		
	Cheverly	20Min	691	1 Annapo	lis Road		`
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDI	RESS			e. IS RESIDENCE ON A FARM? YES NOXT
		lospital	Land over				112 1100
3.	NAME OF DECEASED (Type or print) Alice	Margaret	Huvck	4. DATE OF DEATH	Month Feb. 15		Day Yeor
5.	SEX Female 6. COLOR OR RACE 7. MARK		Nov. 19,	1880	9. AGE (In years	Months Doys	Hours Min.
100	D. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State or foreign o	country)	12. CITIZEN	OF WHAT COUNTRY?
		own home		ngton D.	C.	US.	A
13.	FATHER'S NAME	CONTRACT PRODUCT	14. MOTHER'S MA	IDEN NAME			
	William Glover		Mar	tha Wrigh	ht	100	
	es. no, or unknown) (If yes, give war or dates of service)		garet L.	Heard	Addre Landover		Maryland
	1B. CAUSE OF DEATH [Enter only one couse per li		Λ		10.00		TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	P	. Umana	su Fr	n Unlin	1	SET AND DEATH
	420. O DUE TO	T-amaz O	1 Dan Euro	Hone	mbecis		1 mac
	Conditions, if ony, which (b)	remova,	veryour	onny,	1000 705		6 11145
	gove rise to immediate couse (a), stating the under-lying couse last.	arterioscle	eratic ,	Heart	diseas	e	5 year
CATION	PART II. OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	ETERMINAL DISEAS	SE CONDITION GIVE	N IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYING DOB. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	). (Enter noture of in	jury in Port I or Po	rt II of item 1B.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. While p. m. 19 of wor	Not while fac	CE OF INJURY (Horr tory, street, office blo	ne, form, 20f. (Cit dg., etc.)	y or town)	(County	y) (Stote
	21. I certify that I attended the deceos olive on	Mulanez,	occurred at 9	ADDRESS (S		on the dat	
	PHYSICIAN'S Dr. Thomas/G.	Maloney M.DO	L	andover H	ills, Md.		
220	Burial, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial Feb 19, 1960	22c. NAME OF CEMETERY OF Arlington N			TION (City, town, or ngton Vi	county) rginia	(Stote) ·
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24	a. REC'D BY REGIS		RAR'S SIGNAT	URE
	F. Gasch's Sons Hyatt	tsville, Md.	DA	ATE FEB 1 9	60 Cin	Chun S. Hr	nssp

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CERTIFICATE	Or	DEA	111

Reg. Dist. No. ()2359

AT		2413	CERTIFI	CAI	E OF DEAT	Н		Reg. D	ist. No	116	300
1. PLACE OF DEATH o. COUNTY	rince George	88	MARYLAN	- 11	USUAL RESIDENCE (Vo. STATE		d lived. If instituti b. COUNTY	on Reside	nce befo	re odmiss	iion) B
b. CITY OR TOWN RURAL ond give Brand		its, write	c. LENGTH OF STAY IN	ТЬ	c. CITY OR TOWN (I	f outside corpo	rote fimils, write R	URAL and	give nec	arest low	1)
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in haspital, N	give street o	ddress)		d. STREET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)	R <b>hoda</b>	C•	Middle <b>Hyde</b>		Last	4. DATE OF DEATH	Feb.		Do		Yeor 19
5. SEX	6. COLOR OR RACE	7. MARRIE	DIVORCED		et. 3 1880		9. AGE (In years last birthday) 79 yrs.	Months	Doys Doys	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPA during most of w house	TION (Give kind of work vorking life, even if retired work	d)	IND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Sto		ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
13. FATHER'S NAME	vi Canter				4. MOTHER'S MAIDEN Margare						
1S. WAS DECEASED E (Yes. no. or unknown)	VER IN U. S. ARMED FO	service)	none		garet Hyde	Bray,	Brandyw		Md		
	immediate (	o) O	Sargene	cum	J Ley	and	Dialil		INT	erval be set and / we / h	DEATH with
NO PART II. C			DITRIBUTING TO DEATH					/EN IN PAI	RT 1(a)	PERFC	AUTOPSY DRMED?
	URY Month, Doy, Ye		Not while	. PLACE foctory	OF INJURY (Hame, fo	em, 20f. (City	r or town)		(County)		(State)
21. I certify alive on  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	Richard	decease , 19 6			courred at 7:45	P.M. from	n the causes of treet, city or town,	and on t	he da	te state	
	110N, 22b. DATE THERE	OF	22c. NAME OF CEMETER St. Paul's		REMATORY	22d. LOCA	TION (City, fawn,	or county) Md.		(Stot	e)
23. FUNERAL DIRECTO	or's signature	Wald	ADDRESS		24o. RE	C'D BY REGIST	00	STRAR'S SI			



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VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	241	GERTIFICA	ATE OF DEATH	1	Reg. Di	ist. No.
1. PLACE OF DEATH o. COUNTY	rince Georges	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE D. C.		If institution: Residen	nce before admission)
Glenn Dale	outside carporate limits, write earest tawn) (rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	ington	s, write RURAL and	give nearest tawn) H//X
OR INSTITUTION	TAL (If not in hospital, give street  Dale Hospital	address)	d. STREET ADDRESS	10th St.,	, N. W.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Henry	Middle <b>T</b> •	Irving	4. DATE OF DEATH	Month 2	Day Year 19 19 60
5. SEX Male	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE lost b	oirthdoy) Months	Days Haurs Min.
10a. USUAL OCCUPATION during most of war Truck dr.	ON (Give kind af work done 10b king life, even if refired)  1 ver	. KIND OF BUSINESS OR INDU	. В	or foreign country) ennett's ( Irginia	reek.	IZEN OF WHAT COUNTRY
13. FATHER'S NAME	Henry Irving		14. MOTHER'S MAIDEN N	IAME		
15. WAS DECEASED EVE (Yes, no, or unknown)		578-05-2638	Decedent	Duting	Address	
Canditions, if a gave rise ta i couse (a), stating lying cause lost.	ny, which (b) Ar	ocardial Infar		e		ONSET AND DEATH
S OOX Pu	HER SIGNIFICANT CONDITIONS  Imonary Tubercu  AS UNDERLYING   20b. DES					PERFORMED?  YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour a.m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year 20d. While at wo	Not while fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc		o) (	County) (State
	Moe Weiss, M	sed fram. 2/19 60 , and that death	accurred at 12:20	M, from the co	ouses and on the or town, stote)	ast saw the decease e date stated above DATE SIGNE 2/19/60
229 BURIAL, CREMATIC REMOVA (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY CO	PR CREMATORY  Park	grince!	ty town, or county)  Lucy 6-  24b. REGISTRAR'S SI	(State),
23. FUNERAL DIRECTOR	nes (0.	3015-12 x:St	N.E. OC DATE FE	B 2 6 '60	Crithy S.	

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## CERTIFICATE OF DEATH

	- Fa	310			Reg. D	ist, No.
1. PLACE OF DEATH  o. COUNTY (  Mauner	Gro's-ac	Cokeskmaryu	2. USUAL RESIDENCE (W	/here deceased lived	d. If institution: Reside b. COUNTY	nce before admission)
b. CITY OR TOWN (If a RURAL and give near	1,0011	rite c. LENGTH OF STAY IN	c. CITY OR TOWN (IF	outside corporate li	imits, write RURAL ond	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION	L (If not in hospital, give t	treet address)	d. STREET ADDRESS			IS RESIDENCE     ON A FARM?     YES    NO    NO
3. NAME OF DECEASED (Type or print)	First	Middle	JACKSON	4. DATE OF DEATH	Month Febry	Day Year 29 1960
7	C'  wi	MARRIED NEVER MARRIED	1 may 10,18	882 9. AC	GE (In years FUNDE st birthdoy) Months	Doys Hours Min.
Houseks	ig life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Store	e or foreign country	12. CI	TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Dyson		14. MOTHER'S MAIDEN	reth hy	eles	
15. WAS DECEASED EVER (Yes, no. or unknown) (H	IN U. S. ARMED FORCEST yes, give wor or dates of service		Pauling Gr	orgs R	Address +1 Bex 66	accokeakin
PART I. DEATH	H [Enter only one couse I WAS CAUSED BY: MMEDIATE CAUSE (o)	per line for (o), (b), ond (c).]  Coronary as	rterioscleros	is		INTERVAL BETWEEN
Conditions, if any	mediate	Arteriosc1	erotic hypert	ension		Years
couse (o), stoting the lying couse lost.	e under- DUE TO	Diabetes me				Years
CAT		ONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	AINAL DISEASE CON	NDITION GIVEN IN PA	PERFORMED?
OR CONTRIBUTING D	CAUSE OF DEATH	DESCRIBE HOW INJURY OCC	URRED. (Enter noture of injury in	Port 1 or Port 11 of	item 18.)	
20c. TIME OF INJURY Hour a. n. p. m.	10	70d. INJURY OCCURRED 24 While Not while t work 0 of work 0	De. PLACE OF INJURY (Home, far foctory, street, office bldg., et	m. 20f. (City or to	wn)	(County) (Stote)
actual signature	29th.	19 60 , and that d	18th, 1956, to Feath accurred at 10:4	ADDRESS (Street,	city or town, state)	last saw the deceased the date stated above.  DATE SIGNED  29th, 196
PHYSICIAN'S NAME (Type)	aul Chen,	M. D.	SPY OF CREMATORY	224 LOCATION	(City, town, or county)	(644)
REMOVAL (Specify)	3-5-60	metopolit	an methodist	Como	nkry m	ol, (State)
33. FUNERAL DIRECTOR'S Barms + M	signature althous 3	619-14" St. 2	W Wash I DATE	MAR REGISTRAN	24b. REGISTRAR'S SI	GNATURE S. FIRMA

TO HOSPITAL OR

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MARYLAND STATE DEPARTMENT OF HEATH-BULTMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Washington,

awn view Cemetery

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

arthur S. Frank

Philadelphia

24g, REC'D BY REGISTRAR

DATE FER

(State)

Pa.

death. 2

VS A15 (4)

220. BURIAL, CREMATION,

emova.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

S. H. Hines Co.

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	e market mineral	

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	e of DEATH DUNTY Pri	nce George	as.	MARYLANI	2.	usual RESIDENC	E (Whe	ere deceased	lived. If instituti				ion)
b. CIT		outside corporate limi		c. LENGTH OF STAY IN 1		c. CITY OR TOWN			rote limits, write R	URAL ond	give nec	rest town	1)
, KO	Chev			6 days	12	9 Seat	Pl	easen	t				
	ME OF HOSPITA	AL (If not in hospital, g			1	d. STREET ADDRE		ote S	t				IDENCE FARM?
3. NAMI				1 Hospital	11 '		FO	4. DATE		4			
DECE	ASED or print)	Fir Wil <b>lia</b> m	sī	Middle	Kest	erson		OF DEATH	Feb		9	,	19 60
5. SEX		6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	3 8. D	ATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER			
M	ale	White	WIDOWI	ED DIVORCED		29 March	18	73	86 yrs.	Months	Doys	Hours	Min.
10n USU	IAL OCCUPATIO	N (Give kind of work on ng life, even if retired		kind of Business or in Carpenter	DUSTRY	Virgin		or foreign co	ountry)		IZEN OF	WHAT	OUNTRY?
13. FATH	ER'S NAME				1.	4. MOTHER'S MAIL	DEN N	AME					
Geo	rge W.	Kesterson				Margarte	Su	mmers					
15. WAS	DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT	-		Add	ress			Md
(Yes, No	or unknown) (I	f yes, give wor or dates of s	ervice)	Mr	s. F	earl E.	Loh	r, RF	D. Box 4	146 Uj	pper	Mar	lboro
3	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	)	ne for (o), (b), and (c).] CEREBRAGE TYPERTEA			R	Acc	I DENT		ONS	RVAL BE	DEATH
g o cou lyir	enditions, if on we rise to im use (o), stoting I ng couse lost. Part II. OTHI	he <u>under-</u> DUE TO	)	ARTRIOS	chi	Rosis					T 1(o) 1	9. WAS PERFO	AUTOPSY PRMED?
Ž												YES	NO 🗌
U (IF E	CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUI	RRED. (E	nter noture of inju	iry in P	ort I or Por	f II of item 18.)				
WEDICAL 20c.	TIME OF INJURY Hour o.m. p. m.	Month, Doy, Yee	While	NJURY OCCURRED 20e.  Not while  k ot work	PLACE foctory	OF INJURY (Home , street, office bldg	g., etc.)		or town)	(4	County)		(Stote)
ACTI SIGN	Ve an	at I attended the 2-8 The American Here	196 Fer	gberg		, 19.60, to curred at 12, 7016- GA	154	DDRESS (SI	the causes ar	state)	e date	stated	abave.
	CIAL, CREMATION	Feb. 11t		22c. NAME OF CEMETERY Congression				2.2	rion (City, town, hington,			(Stot	e)
23. FUNE	M M D	WS BROWN	25	2 ADDRESS 1661 Good	Hon	EE 240.	REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATU	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs page 3 shaula be detached far use as the burial-transit permit. by the haspital ar attending physician. TO FUNERAL VS A15 (4) 15M 9/58

BY STAN TANKETON LAKE The state of the s iniaco Courses Squares as South Course St.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of death. Page 4	T.
may be retained the haspital or attending physician.	8
TO FUNERAL DI Completely filled in by the other ding by the attending physician and campletely filled in by the funeral director,	1
page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	th
the registrar priar ta burial, cremation, ar remayal, and in any event within 72 hours after death.	

VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2345 Items 11 12 13 14 FilmG256 2-19-60 et
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	zerroe-Jeon		MARY		USUAL RESIDENCE (No. STATE Marvla		b. COUNTY			ission)
PrinceGeorges  b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b			IN 1b	c. CITY OR TOWN (I			nce Ge		wn)	
RURAL and give	verly		30 days		6 400 -	er Hil				in 1
d. NAME OF HOSP	ITAL (If not in hospital, g	give street			d. STREET ADDRESS	er HTT.	T9		e. IS RE	ESIDENCE A FARM?
OR INSTITUTION		ners	l Hospital		4115	70th	Ave.			A FARM?
Prince Georges Genera  3. NAME OF First			Middle	- 11	Lost	4. DATE	Mon	la .	Day Year	
(Type or print)	Clarence King OF DEATH Feb					10	19 60			
S. SEX	6. COLOR OR RACE	7. MARK	RIED MEVER MARRIE	D   B. D	ATE OF BIRTH	F BIRTH 9. AGE (In years lost birthdoy)			YEAR IF UNI	7
Male	White	WIDOWI	ED DIVORCE		6 Sept. 18	86	73 yrs.	Months D	dys Hours	3 Min.
Oa. USUAL OCCUPAT	ON (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS O				country)	12.CITIZI	EN OF WHAT	COUNTRY
during most of wo	rking ine, even il tellred		Retired	4.0	V	irgin:	ia	U.	S.A.	
3. FATHER'S NAME				1.	. MOTHER'S MAIDEN	NAME				
Jame	es Franklin	Kin	g		Willie	McLa:	in			
S. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. INFO	RMANT		Addr	ess		
res, no, or unknown;	(if yes, give war or dates or s	ervice)								
Conditions, if gave rise to cause (o), stoting lying couse last	g the under-		Carcin Ca. of	Ne	atosis	Pan	crea	e)		
PART II. O'  Y  OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART	PERF	FORMED?
	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	nter noture of injury i	n Part I or Por	rt II of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	10	ar 20d. It While at wor	NJURY OCCURRED  Not while  k    at work	20e. PLACE factory	OF INJURY (Home, fa , street, office bldg., e	erm, 20f. (City	y or town)	(Co	unty)	(State
21. I certify t	that I attended the	deceas	ed fram	~	19.56 ta	2/	9 1960	that I last	saw the	deceased
alive an	2/9	. 19	/	death ac	curred at 1.00	A.M. fram				
	200						treet, city or town,			ATE SIGNED
ACTUAL	Three			M D	441	0 7	400	ans.	The	10/6
BUVEICIANIE	Dr. F. Musse	er.,	M.D.	M.D.	Lun	Low	n Hel	ls o	lud	66-1
22a. BURIAL CREMATI	ON, 22b. DATE THEREC		22c. NAME OF CEME	ETERY OR CR	EMATORY	22d. LOCA	TION (City, town, o	r county)	, (St	ote)
REMOVAL (Specify			/	Ceme	- 4	Will	wood.	ViR	GINIA	
3. TONERAL DIRECTO			ADDRESS	307.10		C'D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGN	97	
Chance &	. 0 11	12	56 Pa. ave.	mail	. /					
WINDSON DE	ELUCIAL MAILA	11	on the more	11-40-11	UAIL DAIL	CDIO	00 (10	Thur & :	FLAGILA	

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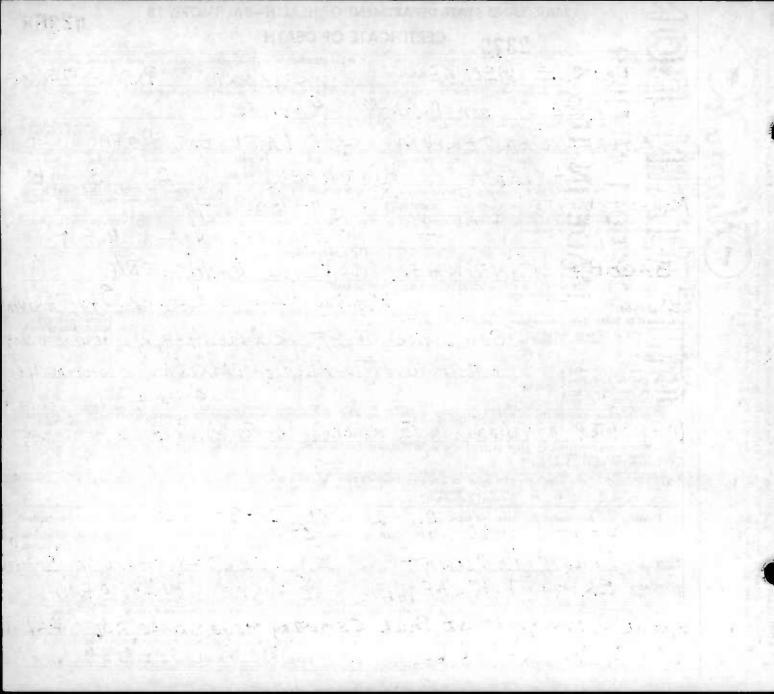
Reg. Dist. No.

)		CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 18			b. COUNTY	Prince URAL and give		
		RURAL and give nearest town) Cheverly 4 days	30 Cedar	Hght	S			
77	(	. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	64th	Place.		ON.	SIDENCE A FARM?
	1	Prince Georges General Hospital  AME OF First MiddleKir (Kpe or print) Hugh	igsbury Lost	4. DATE OF DEATH	Man	th	Doy 3	Year 19 60
1	5. S			J. J.	9. AGE (In years	IF UNDER 1 YE	AR IF UND	
		Male Black WIDOWED DIVORCED	1 Feb 1887		72 yrs.	Manths Day	s Haurs	Min.
		USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired)  None	5 CAR	OLIN-		12. CITIZEN	OF WHAT	COUNTRY?
	13.	ATHER'S NAME	14. MOTHER'S MAIDEN					
-	16	Anthony Kingsbury WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Jane Ric	е	Add			_
	(Yes	no. or unknown) (If yes, give war or dates of service)	IN OKMAN		700	1633		
		18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  (c)	ry Info	ure		li o	NTERVAL E	ETWEEN DEATH
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	'EN IN PART 1(a	PERF	AUTOPSY ORMED?
	CERTIF	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury i	n Part I ar Pa	rt II af item 1B.)			
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m.  19 20d. INJURY OCCURRED While Not while at wark at wark at wark	PLACE OF INJURY (Hame, fa factory, street, office bldg., e	irm, 20f. (Cit	y ar tawn)	(Caun	ty)	(State
		21. I certify that I attended the deceased fram. TAN	30 1060 10	mah.	> 1-	that I last a	aw the	decease
1		actual Signature Deufomen A. Miller Benjamin S. Miller, M/D.  PHYSICIAN'S NAME (Type)		_M, fram	3, 1960, the causes an	d an the do	ate state	d abave

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		Children and Hold has a	No. of the last of
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2348 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Prince George b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 67 Prince George General Hospital YES NO 2 NAME OF Middle 4. DATE Lost Day Yeor Filled DECEASED (Type or print) DEATH 71960 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days DIVORCED WIDOWED TO papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if tetired) puo 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME physician ģ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 9 No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate **DUF TO** couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. m While Not while at work at work 21. I certify that I attended the deceased from. 19.6 Cthat I last saw the deceased and that death occurred at 3 AM M, from the causes and on the date stated above. det ADDRESS (Street, city on town, stole) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) FUNER, m 220. BURIAL, CREMATION, 22b. DATE-THEREOF 22c. MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county (Stote) AOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 10/57

# FOR STATE HEALTH DEPT. TO DEPUTY TEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delighteessary, please execute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral circator. Page 4 should be recovereded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 2 Tayrs after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 37

1.	PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceese	d lived, If inst	itution: Residenc	e before e	dmission)
4	e. COUNTY		a. STATE		b. COUNTY			
1-	Prince Georges b. CITY OR TOWN (if outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 16	c. CITY OR TOWN		limite sunito DI	IDA1 and aive n	annet law	-1
	write RURAL end give neerest town)	L. ELITOTII OI SIAT III IB	C. CITT ON TOWN	if ourside corporere	ilililis, write KC	NAE and give i	1 1) 1 I	"
-	Cheverly	l Hr.	Winche	ester		8	5X -	3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	el, give street eddress)	d. STREET ADDRESS					SIDENCE FARM?
1	Prince Georges Genera	1 Hospital	Route a	<u>#</u> 7			YES T	
3.	NAME OF First	Middle	Last	4. DATE	Month	Dey	Yeer	
	DECEASED (Type or print)	17 - 7		OF DEATH	** 1	-	10	-
	Ropert	Nelson	Lages		Feb.	21	19	00
3.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH			Onths Deys	IF UNDER	Min.
1	Male   White   WIDOWED	DIVORCED	March 2	7 1935	241.	Onins Deys	nours	win.
100	. USUAL OCCUPATION (Give kind of work 10b. KINI	OF BUSINESS OR INDUSTR		or foreign country)		12. CITIZEN OF	WHAT C	OUNTRY?
1000	A 4 rows of working life, even if retired)	S.A.F.	Warmer Law					
13	Alrman FATHER'S NAME	D.B.T.	Marylan  14. MOTHER'S MAIDEN					
100	TATIEN STRAIL		14. MOTHER 3 MAIDEN	NAME	- 1			
	Francis P. Lages		Lillia	an Wrigh	t			
	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SC os, no, or unkown)   (Ifyesgive werordetes of service)	CIAL SECURITY NO. 17. I	NFORMANT		Address			NA.
1,,,		7 70 7670 5	manada D	Tomos	dama .	40		
	18. CAUSE OF DEATH Enter only one cause per line	for (e), (b), end (c),]	rancis P.	rages,	Dame 1	US #2	RVAL BET	WFFN
	PART I DEATH WAS CALISED BY.						SET AND D	EATH
		orrhage & S		to gunsh	OT WO	und		
	98/X DUE TO OF	right arm a	and chest			20 14 10		
	Conditions, if eny, which (b)					-		
	geve rise to immediate cause  DUE TO							
10	(e), stefing the underlying cause last.					401		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUILDING TO DEATH BUT NO	T RELATED TO THE TERMI	NAI DISEASE COND	ITION GIVEN	IN PART I/a): 10	. WAS A	LITORSY
은	TAKT III OTTER STORT CONDITIONS		THE TENTH	THE DISERSE COILD	IIION GIVEN	1141701110)	PERFO	RMED?
CERTIFICATION						Y	ES 🔲 I	NO E
KTIE	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE PRIMARY N or CONTRIBUTING □	HOW INJURY OCCURED. (E	nter neture of Injury In Per	t I or Pert II of item 1	IB.)			19-11
	CALIEF OF DEATH	during alt	ennetion					
1 ×	20c. TIME OF INJURY Month, Day, Year   20d. IN.	JURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferr	n, 20f. (City or to	wn)	(County)	(	Stete)
MEDICAL	Hour While	The state of the s	ory, street, office bldg., etc				~	
Z		et work	Home			nt, Pr.		
	21. I certify that I took charge of the remai	ns described above, hel	d an Autopsy ,	Inspection X,	Inquiry	x and	in my op	oinion
	death resulted from: Natural causes .	Accident , Suici	de, Homicide	Undeter	mined man	ner		
13			CHIEF MEDICAL	EXAMINER [				
	ACTUAL /	115- 6	ASSISTANT MED	ICAL EXAMINER	1	Di	ATE SIG	MED
	SIGNATURE SIGNATURE	1 your	M.D.					420
	NAME (Type) James I. Boyd	Y	DEPUTY MEDICA	-		2/22	/60	
-		NAME OF STREET, OR	The second secon	city, lown, or county				
220	REMOVAL (Specify) 22b. DATE THEREOF 22	c. NAME OF CEMETERY OR	CKEMATORY	22d. LOCATION (	City, Iown, or	country)	(State	)
	Durch 1 60	TOWN TO THE STREET		Ite the	60 60	Carlo and		
23	FUNERAL DIRECTOR	ADDRESS			24b. REGISTI	RAR'S SIGNATU	RE	
1	The the three of the	8 4 - 15 VE	DATFE	3 2 5 '60	arthu	1 S. Thous		
1			TOAIR					

HIMAER AN THE MYKAGER STATE OF ALVELOW C TORRICH M. SIMONITARE TRANSPORTED IN W. No. 10200-12-2025 SOURSE INC. STREET TORRICH the same of the sa matten on the in Intronce I commit executioning TO ALLEGE SAVAGE A.A.P. HE MAN realist prilitarian and the second The sales and the sales of the Description of Land Control of the c A STATE OF THE STA

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# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 371 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, If	institution: Residen	ce before admission)
100	e. COUNTY		a. STATE	b. COUR		~ V
-	Prince George	MARYLAND	Maryla		Prince	George_
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporete limits, writ	e RURAL end give	neerest town)
	Cheverly	Dead on	12 Clinto	n		
	d. NAME OF HOSPITAL OR INSTITUTION (if not to	hospitel, give street eddress)	d. STREET ADDRESS	/11		I e. IS RESIDENCE
			1100 0			ON A FARM?
-	Prince George's		#20 San	Juan Drive		YES NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE Mont	h Dey	Yeer
	(Type or print) Jefferv	Phillip	Tamma	DEATH	0.00	19 60
5.			Large DATE OF BIRTH	19 AGE (In years	IT UNDER TYEAR	IF UNDER 24 HRS.
	/. MA	KKIED NEVER MARKIED	DATE OF BIRTH	last birthdey)		Hours Min.
	THE TO MILE OF	OWED DIVORCED		L959 yrs.	2 27	
100	. USUAL OCCUPATION (Give kind of work 10	b. KIND OF BUSINESS OR INDUSTRY	Y   11. BIRTHPLACE (State	or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
19	ne during most of working life, even if retired)				77 0	
12/	none FATHER'S NAME		District	of Columbia	U.S	. A
19	PATRICK 3 NAME	CHARLES TO STREET	14. MOTHER'S MAIDEN	NAME		
-	Richard N. Large		Tww Bol	llin		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IT	NFORMANT	Address	5	
(Ye	s, no, or unkown) (Ifyesgivewarordetesofservice)	11-11-				44
-	NO	NONE Mr	. Hichard	N. Large, s	ame as	#2
	18. CAUSE OF DEATH [Enler only one cause ]	per line for (e), (b), and (c).]		A A A A A A A A A A A A A A A A A A A	INI	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pneumonia			0,	ASET AND DEATH
	1100					
	493X DUE TO					
	Conditions, if eny, which ) (b)					
	geve rise to immediate cause DUE TO					
	cause lest. (c)				2,15 (4)	
z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION OF	/FN IN DART I/al: 1	O WAS ALITORSY
2	TAKE III. OTHER SIGNATURE GOTONION		I KELYTED TO THE TERMIN	THE PIDENCE CONDITION GIV	THE HALL WELL IN	PERFORMED?
3						YES NO
CERTIFICATION		SCRIBE HOW INJURY OCCURED. (E	nter natura of injury in Part	I or Part II of Item 18.)		
18	PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.					
		Od. INJURY OCCURRED   20e. PLA	CE OF BUILDY ALL f.	1.006 (6%)	10	46
WEDICAL		/hile Not While factor	CE OF INJURY (Home, farm bry, street, office bldg., etc.	n, 20f. (City or town)	(County)	(State)
WEE		work at work				
	21. I certify that I took charge of the	remains described above hel	d an Autonsy IX	Inspection K, Inquir	ry X, and	in my opinion
				_		пі пу оршоп
	death resulted from: Natural causes	Accident , Suici	de, Homicide	, Undetermined m	nanner	
		0 0	CHIEF MEDICAL I	EXAMINER		
	ACTUAL ( )	Il Jacob	ASSISTANT MEDI	ICAL EXAMINER	D	ATE SIGNED
	SIGNATURE	The state of the s	M.D. DEPUTY MEDICAL	EVAMINED TO		
	EXAMINER'S TOMOG T	Out Free			(	
		Boyd, MD.		tity, town, or county) F'e		1960
228	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town	, or country)	(Stete)
1.	wrial 3-1-1960	arington TI	alional	arlington	Virgi	nia
23.	FUNERAL DIRECTOR	) - ADDRESS	/ 24a. REC	D BY REGISTRAL   24b. REG	ISTRAR'S SIZNATI	URE /
11	V. W. Phumbers Coo. (1)	injerdale, Ma	1-1	- 100	rthun S. Kra	
100	10.000000000000000000000000000000000000	are way , ill	DATE	IR 1 '60	704.001 22. 1021	1
	OVVVVVVXVV					

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vithin 24 hours ofter death: Page 4	ely filled in by funeral director, Pages 1 and 2 shauld be filed with	(
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often death. Page 4	The Format of the Commence of	the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.
15	M 10/S	7

2416	CERTIFIC	ATE OF DEATH	oO et	02379
1. PLACE OF DEATH	OEKTII 10.	C HELLAL RECIPENCE WAIL		Reg. Dist. No. () Communication () Residence before admission)
o. COUNTY Prince Georges	MARYLAND	o. STATE Md	b. COUNTY	Pro Georges
RURAL and give nearest town)	ENGTH OF STAY IN 16		ide corporate limits, write RU	IRAL and give nearest town)
	weeks	74 Beltsvill	le, Md.	
d. NAME OF HOSPITAL (If not in hospital, give street addre OR INSTITUTION	rss)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
4108 Stoconga Drive	****		nga Drive	YES NOW X
3. NAME OF DECEASED (Type or print) HENRIKA	Middle	-EHTINEN	DATE Month OF DEATH	3 1960
female 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	DIVORCED DIVORCED	B. DATE OF BIRTH April 21, 1877	lost birthdoy)	Months Doys Hours Min.
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or I	foreign country)	12. CITIZEN OF WHAT COUNTR
Housewife own	V	Finland		USA
13. FATHER'S NAME (First name unknow		14. MOTHER'S MAIDEN NAM	Justiina .	Jyrkka
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	Willberg AL SECURITY NO. 17. 1	NFORMANT /U	Addre	W.
(Yes, no. or unknown) (If yes, give war or dates of service)		rtha Irene Ron		
18. CAUSE OF DEATH [Enter only one couse per line for		rtha Trene Ron	nka Beltsvi	lle, Md.
PART I. DEATH WAS CAUSED BY:	rebral h	omar-land		ONSET AND DEATH
33/X DUE TO	1	emorrhage		3 11 .
Conditions, if ony, which ) (b) (C)	toripacter	0919		10VF
gove rise to immediate couse (a), stating the under-	0 -	1	cl'	
lying couse lost. (c)	rdial (	Melompenga	1 fran	IDYr.
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X
PART 11. OTHER SIGNIFICANT CONDITIONS CONT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter nature of injury in Port	I or Port II of item 18.)	
	OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJUR' Hour o. m. p. m. 19 of work □	Not while to	ctory, street, office bldg., etc.)		
21. I certify that I attended the deceased f	ram 1 - 24	19 60 ta Z	-3 10h @	that I last saw the decease
alive on 7-3 1960	, and that death	occurred at 9:35 17		nd an the date stated above
11.07			DRESS (Street, city or town, s	
SIGNATURE / SIGNATURE	My.	M.D. 2513 B	naklodalal	R11. 2-3-6
PHYSICIAN'S R.D.BAKER, A	(.D.	Adelal	1	md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c	NAME OF CEMETERY O	R CREMATORY 220	d. LOCATION (City, town, or	r county) (Stote)
	T3		11	
ransportation 2/4/60	Rockport		Massachusett	S
Pransportation 2/4/60 23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D B	Y REGISTRAR 24b. REGIST	TRAR'S SIGNATURE

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	The state of			
Naviet si e				

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY. filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be RURAL and give nearest town) shauld d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS OR INSTITUTION N þ and .5 NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months Days e WIDOWED | DIVORCED yrs. comp 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 11' BIRTHPLACE (State or foreign country) ond carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate remove haur 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 72 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (6) DUE TO ò Conditions, if ony, which gove rise to immediate peri DUE TO coese (o), stoting the underond lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) certificate 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) foctory, street, office bldg., etc.) USe a. m Not while of work of work 21. I certify that Lattended the deceased from 1960 that I last saw the deceased ached and that death occurred at. M, from the causes and an the date stated above. OR: 0 ACTUAL O HOSPITAL shau PHYSICIAN'S registrar NAME (Type) FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) Burial rlington Nat'l emeterv Arlington.

ADDRESS

Washington, DC

Hines Company

24a. REC'D BY REGISTRAR

DATE EB 2 3 '60

e: IS RESIDENCE

Day

ON A FARM?

YES NO K

Year

19 6

Mulde

PERFORMED? YES NO

(Stote)

24b. REGISTRAR'S SIGNATURE

Cathung & House

(Stote)

0 VS A1S (4) 1SM 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

	CERTIFICA	
	Contrato Con Sec	The same
		Land Street, Co.
		THE PERSON NAMED AND THE PERSO
		orace and the second
THE TANK THE PROPERTY OF THE PARTY OF THE PA		THE PROPERTY OF STREET
And the service of th		les ett felli ett (f. 10. kfmar f. 17 - 1. 17
pen Complete of the contract o		
ATTRIBUTE OF LETTER		motien 18 . F. dimit

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2351 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ressary, please exewith the registrar prior ta burial, cremation, 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission). 1 PLACE OF DEATH Page 5 moybe retained for your files. Give Pages 1, 2, and 3 to the funeral dir executed within 24 hours after death. cute the certificate, writing the ward "pending" in pencil in Item 18. Gi forwarded the Chief Medical Examiner's Office along with form PM3.

TO FUNERAL ARCTOR: Page 3 should be used as a burial-transit permit. TO DEPUTY MEDICAL EXAMINER: This certificate should be or remaval

02374

Reg. Dist. No.

o. COUNTY	Prince Geo	rges		MARYLAND	o. STATE	arvla	nd	b. COUNT	Y Ho	ward		1
b. CITY OR TOWN (If and give nearest town)	outside corporate limits, write	RURAL	c. LENGTH O	F STAY IN 16	c. CITY OF	R TOWN (II	autside corp	porate limits, write	RURAL	and give	nearest to	wn)
	Cheverly				E	llcrid	ge			13	X-	2
d. NAME OF HOSPITA	AL OR INSTITUTION (IF	not in hos	pitat, give stree	t address)	d. STREET	ADDRESS				1111		RESIDENCE
Prince (	deorges Gene	eral	Hospita	1	R	oute	4, Bo	x 272				] NO [
DECEASED (Type or print)	First Keith	_	erald	iddle Low	m.	ıt	4. DATE OF DEATH	Mont Februa		25 25		Year 19 60
S. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER	MARRIED [ 8	. DATE OF BIRTI	н		9. AGE (in years		ER TYEAR	IF UND	DER 24 HRS.
Male	white	WIDOWE	D DIVO	ORCED 🔲	9-28-3	4		lost birthdoyl 25 yrs.	Months	Days	Hours	Min.
during most of working Dental St	ON (Give kind of work done) life, even if retired)		Educati			olora		ountry)	12. C	US		COUNTRY
13. FATHER'S NAME Ralph	A.F. Lown				14. MOTHER'S	MAIDEN I		Lmette				
15. WAS DECEASED EVE [Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of se		SOCIAL SECURI 71 42 6	770	nformant Charlot	Ann	Lown	Address same ad		s as	# 2	•
PART I. DEAT	TH [Enter only one cause H WAS CAUSED BY: IMMEDIATE CAUSE (a)	e per line	far (a), (b), ond	(c).] Cerebr	OM Com	press	ion			INTE	RVAL BETW	EEN
Canditions, if or gave rise to immed (o), stating the cause last.	liote couse			Intrac	erebral	. hemo	orrhage					
PART II. OTH	ER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO	TUB HTABD C	NOT RELATED TO	THE TERM	INAL DISEAS	CONDITION GIV	EN IN P	ART 1(o)		AUTOPSY DRMED?
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20c. TIME OF INJUR	2 → 22 → 196	20d. I While of wo	NJURY OCCURI Not while ork of work	RED 20e. PLA foct	CE OF INJURY ( ory, street, office where	Home, farm bldg., etc.	.)	or town)		ounty) Ge	0.	(State)
21. I certify th	at I took charge					Autops						find the
	from: Natural c				cide [], H	Homicide	(AMINER	ndetermined o				SIGNED
EXAMINER'S NAME (Type) 220. BURIAL, CREMATION	John T. Ma		y, M.D.C	CEMETERY OF	DEPUTY		EXAMINE EXAMINER	Feb	ruar			1960
insportatio	n Feb 26,	1960		Fresn		la	Cal	ifornia			(Stat	el
23. FUNERAL DIRECTOR:	. 1	ttsv	ille, N	arylan	d.	DATE B	2 6 160	RAR 24b, REGI	STRAR'S S			

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e. IS RESIDENCE ON A FARM?

YES NO

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PERFORMED? YES NO

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VS A15 (4) 15M 9/55

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that the death certificate be executed within 24 hours

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Reg. Dist. No.

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1. PLACE OF DEATH o. COUNTY Prince	ce George's	MARYLAND	2. USUAL RESIDENCE (W			e before admission) George's Co.
b. CITY OR TOWN (If RURAL and give neg Silesia	outside corporate limits, we prest town)	ite c. LENGTH OF STAY IN 16 50 Years	c. CITY OR TOWN (IF	outside corporate limits, v	write RURAL and gi	ive nearest town)
d. NAME OF HOSPITA OR INSTITUTION 8291-	Livingston Ro	reet address)	d. STREET ADDRESS 8291- Livi:	ngston Road	S.E.	e. IS RESIDENCE ON A FARM? YES NO PA
3. NAME OF DECEASED (Type or print)	KATIE	Middle L •	MASSEY	4. DATE OF DEATH FOR	Month 13th.	Day Year 19 60
s. sex Female	0.00 0 1	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  Jane 11th 1	877 9. AGE (In last but)		YEAR IF UNDER 24 HRS. Doys Hours Min.
00. USUAL OCCUPATION during most of working HOUSEWITE	N (Give kind of work done ng life, even if retired) 3	Domestic	USTRY 11. BIRTHPLACE (Stote Virginia	e or foreign country)	I2. CITI	ZEN OF WHAT COUNTRY
13. FATHER'S NAME Rudolph P:	fail		14. MOTHER'S MAIDEN Amelia K			
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? If yes, give war or dates of service)		INFORMANT eanor F. Mass		Address as # 2.	
Conditions, if on gove rise to im cose (o), stoting to lying couse lost.	y, which he under (b) DUE TO	CORONARY ARTE HYPERTENSION, CEREBROSCLERO	ARTERIOSCL SIS	EROTIC		onset and death 8 mos
PART II. OTH	S UNDERLYING [] 20b.	DIS CONTRIBUTING TO DEATH BU				PERFORMED? YES NO
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 2	Od. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, for actory, street, office bldg., et	m, 20f. (City or town)	(Ce	ounty) (Stote)
actual SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION	AUL CHEN, 1	neased fram Feb 6t 12 60 , and that deal M.D.	M.D. ACCOKE	P.M., from the countries (Street, city or ek., Md., F.	eb. 13t	e date stated abave DATE SIGNE  :h, 1960  (Stote)
REMOVAL (Specify)	Feb. 16-60	St. Barnabas 661- GTR Mope Ros ashington 20. D.	ad S.E. 240. REC	Oxon Hill	REGISTRAR'S SIGNALLY &	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL OF CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registror priar to burial, cremation, or remaval, and in ony event within 72 hayrs after death. after death. Page 4 VS A1S (4) 1SM 9/SS

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CERTIFICATE OF DEATH

02381

			921	DA CERTI	107	L OI DEAII			Reg. Di	st. No.		
1.	PLACE OF DEATH COUNTY PRINCE	GEORGES	10 M	MARYL		. USUAL RESIDENCE (W	here decease	d lived. If institution b. COUNTY	on: Residen			
- 1	b. CITY OR TOWN	(If autside carporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If	autside corpo	orate limits, write R	URAL and	give nea	rest tawn	)
		AIR FORCE	BASE	4 DAYS		X ANDREWS A	IR FOR	RCE BASE				
	OR INSTITUTION	TAL (If not in haspital, g SPITAL ANDR		address)		d. STREET ADDRESS MOQ 1-55	APT 2	ANDREWS A	AFB	•	ON A	DENCE FARM? NO
	NAME OF DECEASED (Type or print)	Fir MA		Middle THER	ESE	Last MCKEOWN	4. DATE OF DEATH	Man		Doy		ear 960
5. 5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D [X B.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	-	1	
1	FEMALE	CAUCASIAN	WIDOW	ED DIVORCED		FEBRUARY 1	960	yrs.	Manths	Days 4	Hours 16	Min.
10a	USUAL OCCUPATI	ON (Give kind af work king life, even if retired	dane 10b.	KIND OF BUSINESS OF	INDUSTR	Y 11. BIRTHPLACE (State	or fareign o	country)	12. CIT	IZEN OF	WHATC	OUNTRY
/	NON			NONE		MARYL	AND		UN	ITED	STA	TES
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	JAMES M	CKEOWN				LILLIAN	L BAMB	BURG				
IS.		ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	INF	DRMANT		Add	ress	4.7		
	NO	for your flore until ou croses on a		NONE	F	ATHER		SAN	WE AS	2d		
ATION	Canditians, if a gave rise to cause (a), stating lying cause last.  PART II. OT	the <u>under-</u> DUE TO	)	CONTRIBUTING TO DEA	TH BUT NO	DT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PAR	T 1(a) 15	P. WAS A PERFO	RMED?
CERTIFICATION	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING  G CAUSE OF DEATH ( MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	Enter nature of injury in	Part I ar Par	rt II af item 1B.)				
MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Yes	While	NJURY OCCURRED  Nat while  at wark	20e. PLAC facta	E OF INJURY (Hame, farm y, street, office bldg., etc	n, 20f. (Cit	y ar tawn)	(1	Caunty)		(State
	21. I certify to alive an 5 I	hat I attended the FEBRUARY	deceas , 19			, 19 60, ta 5 ccurred at 0415A	M, fram	the causes an	d an the	e date	stated	
20	1.77			CAPT, USAF,				ANDREWS,		INGT		Dal
]	BURIAL, CREMATIC REMOVAL (Specify Burial	2/9/60	) [	Arlington			4	ngton, V		ia	(State	2)
23	The Rina	Ri Ri	naldi H S	Funeral H	lome	. Inc.	EB 8		STRAR'S SI			

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be execute	and cam	rban pape
ertificate	physician	remave ca 2 haurs af
he death o	attending	en please
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2308 CERTIFICATE OF DEATH

Reg. Dist. No. (12382

1.	o. COUNTY Prin	ce George's	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceased liv	b. COUNTY	n: Residence bef	Georg	res
	b. CITY OR TOWN (IF RURAL and give nea Hyattsvi		c. LENGTH OF STAY IN 16		(If autside carporate		RAL and give no	earest town)	
	OR INSTITUTION	L (If not in haspital, give street le Nursing Ho	Transaction of Acres	d. STREET ADDRESS	5				DENCE FARM? NO
3.	NAME OF DECEASED (Type ar print)	First Edward	Middle K. Mc L	ane	4. DATE OF DEATH	Month	eb 3	-/	ear 9 60
5.	male	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	74	AGE (In years last birthday) 35 yrs.	Manths Days		R 24 HRS. Min.
1	during most of warking tired con	(Give kind of work done 10b. ng life, even if retired) ductor Pe	kind of business or indunna Railroad		tote or foreign count ylvania	try)	12. CITIZEN C		DUNTRY?
13.	FATHER'S NAME  John	Mc Lane		14. MOTHER'S MAIDE	tha Gehr				
		IN U. S. ARMED FORCES? yes, give war or dates of service)		informant thryn Me La	ane Charl	son Addre	ison W	iscor	nsin
NOI	PART I. DEAT  332 ×  Canditions, if any gave rise to im cause (a), stating the lying cause last.	mediate DUE TO	rebral 7 evroliged	artinis T NOT RELATED TO THE TE	onelil-		ON	TERVAL BET ISET AND 5 LCC 349E	DEATH
MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour a. m. p. m.	CAUSE OF DEATH	Nat while fo	ED. (Enter nature of injury LACE OF INJURY (Hame, actory, street, office bldg.,	form, 20f. (City or		(Caunty	YES	NO K
		1 1 attended the deceos		h occurred at//Si	ADDRESS (Street		on the dot	te stated	
	PHYSICIAN'S NAME (Type)	1a1do 13.	Moyers	Mt.	Rain		Md		
220	BURIAL, CREMATION REMOVAL (Specify) Burial	Feb 6, 1960	22c. NAME OF CEMETERY C		1,1	rick, M	laryland		;}
	· Gasch's	5	attsville, Md		EB 8 '60		TRAR'S SIGNATI		

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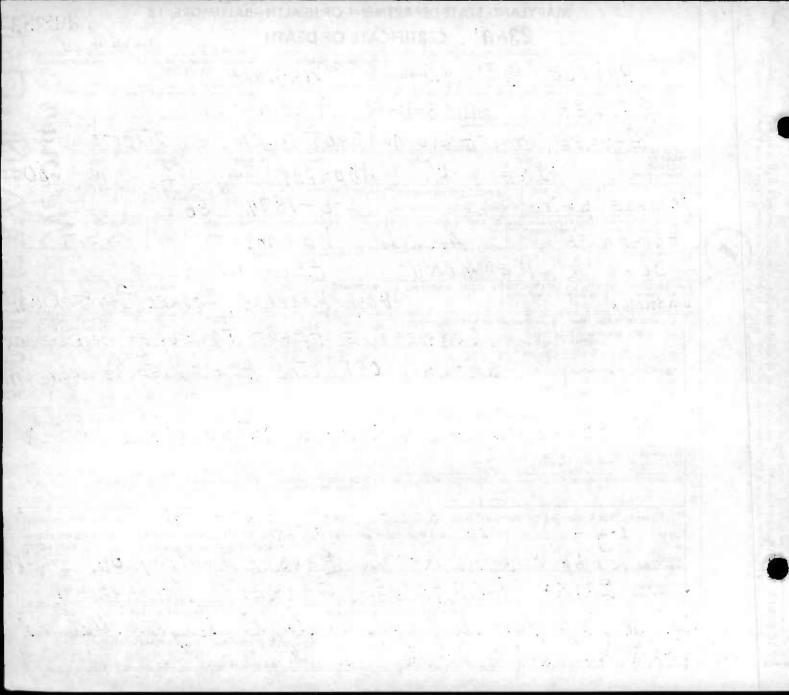
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VS A15 (4) 15M 9/5B

るさり CERTIFICATE OF DEATH	Reg. Dist. No.
O. COUNTY PRINCE GEORGE Where deceased lived.  O. STATE VIR BINIA b.	If institution: Residence befare admission) COUNTY
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limit RURAL prid give nearest town)	its, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspitat, give street address)  OR INSTITUTION  ALD BERLEN ADDRESS  OR INSTITUTION	ON A FARM?  YES NO
NAME OF DECEASED (Type or print)  A P i = D Middle M 12 D H V OF DEATH	Month Day Yeor
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE	(In years of the point of the p
Oa. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)  TOUSE WIFF	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME 20HN R. RED MOND 14. MOTHER'S MAIDEN NAME XEN	NEDY
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (19 yes, give wor or dates of service)  UM MWW. Company (19 yes, give wor or dates of service)	AUREZ SANITARIUM
18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: (TN C) = 9 TIVE HEART TAI	LURE SOVERAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying cause lost.    MMEDIATE CAUSE (a)   CONTRACTOR   CO	Dist=4512 Many 4
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE CONDITIONS  SEN'LED WWW. G. D. CLARENCE OF DEATH  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBU	clains PERFORMED?
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur a.m. 19 While Nat while at work at work at work	n) (Caunty) (State)
21. I certify that I attended the deceased fram $8-31-$ , 1937, ta $9-19-$ alive an $9-19-$ , 1960, and that death accurred at $9-9-$ DM, fram the co	, 1900, that I last saw the deceased auses and an the date stated abave. y or town, state)  DATE SIGNED  NITARIOM 2-19-1  MARY LANI)
Burial, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. ISCATION OF SEMOVAL (Specify) 2/23/60 St Josephs Emeloy Burle	ity, town, or county) (State)
FUNERAL DIRECTOR'S SIGNATURE, ADDRESS 249 SEC'D BY REGISTRAR  DATE FER 2.4 760	245 REGISTRAR'S SIGNATURE

02383



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2353 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

02384

	GERTHIO	TIE OI DEPART	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where deceased live on STATE Maryland	b. COUNTY Prince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Cheverly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate  74 Beltsville	limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street of institution Prince Georges General	al Hospital	/d. STREET ADDRESS 4243 Powder Mill	Road e. IS RESIDENCE ON A FARM? YES NO 18
3. NAME OF DECEASED (Type or print) KatE	Middle NAUM	Last 4. DATE OF DEATH	Feb. Day Year 60
Female   White	RRIED NEVER MARRIED DIVORCED DIVORCED	1881 Sept. 20,	AGE (In years of the part of t
10a. USUAL OCCUPATION (Give kind of work dane 10 during most of working life, even if retired) Housewife	b. KIND OF BUSINESS OR INDUS  Own Home	STRY 11. BIRTHPLACE (State or foreign countr	U.S.A.
13. FATHER'S NAME Andrew Skelt	on	14. MOTHER'S MAIDEN NAME  Nellie ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. (If yes, give war or dates of service)	0	Virginia N. Crist	Same as # 2
Conditions, if any, which gave rise to immediate cause (a). BUE TO  Lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS	sential	terio-sclero hyperlanses not rejete to the terminal disease co	ie 25 gr
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Part I ar Part II a	
Haur a.m. Whi		ACE OF INJURY (Hame, farm, 20f. (City or Itary, street, affice bldg., etc.)	own) (County) (State
21. I certify that I attended the decedrative an 2/8, 19  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Samuel M. Bag	o Bugant	accurred atM, fram the	causes and an the date stated above pare town, state)  2 2 2 2 2 6 6 6 7 7 8 7 8 7 8 8 8 8 8 8 8 8 8 8 8
220. BURIAL, CREMATION, 22b. DATE THEREOF 2/29/60	22c. NAME OF CEMETERY O		(City, town, or county) (Stote) ashington D. C.
H' Gaechle Sone	9 Battimore Avattsville, Md.		24b. REGISTRAR'S SIGNATURE

may be retained by the haspital or attending physician.

D FUNERAL D CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. TO FUNERAL D. CTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR

VS A15 (4) 15M 9/5B

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2309 **CERTIFICATE OF DEATH** 

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Ren Dist	No			

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	1. PLACE OF DEATH  o. COUNTY  PRINCE GEORGES  MARYLAND  2. US	UAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)  B. COUNTY  B. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  HYATTSVILLE	CHEVY CHASE  1558-2
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d.	STREET ADDRESS  6. IS RESIDENCE ON A FARM YES   NOTE
	3. NAME OF DECEASED (Type or print)  ALICE MURRAY	Last 4. DATE Month Day Year OF DEATH Feb 12 1960
	S. SEX HALE  6. COLOR OR RACE WHITE WIDOWED XIX DIVORCED   3. DATE JA1	No. 23, 1870  9. AGE (In years lost) industry yrs.  9. AGE (In years lost) industry yrs.  IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11	OHIO  BIRTHPLACE (Stote or foreign country) USA
	13. FATHER'S NAME GEORGE MURRAY	AOTHER'S MAIDEN NAME  **ROTHER'S MAIDEN NAME  **ROTHER
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NO NE JOHN	N MILLER, SAME AS # 2
	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)	CLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES NO NO NOTICE OF THE PART 1 OF 18.)
	ZOC. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF	INJURY (Home, farm, 20f. (City or town) (County) (State) eet, office bldg., etc.)
	21. I certify that hattended the deceased from alive an 2 llf, 19 6 , and that death according to the signature of the si	red at 2,750 M, fram the causes and an the date stated above.  ADDRESS (Street, city or town, state)  Md.  5323 Harvard St., Silver Spring
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREM	ATORY 22d. LOCATION (City, town, or county) (Stote)  CMETERY WASHINGTON. D. C.
\$	23. FUNERAL DIRECTOR'S SIGNATURE 1756 ADDRESS. AVE., N.	W. DATE FEB 1 5 '60 Callun S. Have

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed minimum.

TO FUNERAL D. CTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remark are death.

The registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A1S (4) 15M 9/58

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after death. Page 4

02386

94.91 CERTIFICATE OF DEATH

~ TAI.	CLICITION	AL OI DEATH		Reg, Dist. No.
1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ne deceased lived. If instituti  b. COUNTY	Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Prince George City	TH OF STAY IN 16		itside corporate limits, write R	EURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) 2615 Souvern Ave.		d. STREET ADDRESS 5422 Alta	Vista St.	e. IS RESIDENCE ON A FARM? YES NO Z
3. NAME OF First DECEASED (Type or print) Josephine Z	Middle O	becny	4. DATE Mon	T7. Day Yeor
5. SEX   6. COLOR OR RACE   7. MARRIED   NI  Femal   White   WIDOWED	DIVORCED [	8. DATE OF BIRTH Sept. I4, I8	9, AGE (In years but helps) 7 yrs.	Months Days Hours Min.
	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote of Morawane		U.S.A.
13. FATHER'S NAME UNKNOWN		Unknown	AME .	s
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE (191. no. or unknown) (19 yes, give wor or dates of service) None Unkno		res. J. Ronc		.Prince Geo.Ct
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last.	NOMA- TIPLE	HEAD of 6 METAST	ANCREAS ASIS	E 8 Mo. 5 Mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE PART III. OTHER SIGNIFICANT CONTRIBUTED TO THE PART III. OT		NOT RELATED TO THE TERMIN		VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.  19  20d. INJURY OC While Not of work   of work   of work   of work   of work	while for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased from	and that death			Sthat I last saw the decease and an the date stated above stole)  DATE SIGNED  SE 2/17/60
REMOVAL (Specify) Feb. 20, 1960 Mou		ry Cemetery		West Virginia.
	erdale,		2 0 0 100	STRAR'S SIGNATURE

TO FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours VS A15 (4) 15M 9/55

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death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL OR

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2100

Reg. Dist. No.

02387

1. PLACE OF DEA o. COUNTY	Prince Geor	rge	MARY		o. STATE Md.		d lived. If instituti b. COUNTY	on Resider	e G	re admissi	ion)
RURAL ond	DWN (If outside corporate tim give nearest lown) randywine	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (	outside corpo		URAL end	give nec	erest town	1)
d. NAME OF I OR INSTITU	HOSPITAL (If not in hospital, ITION	give street	address)	1	d. STREET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)		tha :	Middle Richmond (	O'Neil	Lost 1.	4. DATE OF DEATH	Feb.		.960	•	Year 19
5. SEX	6. COLOR OR RACE white	7. MARE	RIED NEVER MARRIE		an. 23 188	37	9. AGE (In years last birthday) yrs.	Months	Days	Haurs	Min.
100. USUAL OCCI during most of house	UPATION (Give kind of work of working life, even if retired <b>WORK</b>	done 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (St.		ountry)	12. CI	USA.	F WHAT	COUNTRY
13. FATHER'S NAM	ME			1-	MOTHER'S MAIDE						
	Nathan O'Ne				Ella M	loore					
(Yes, no or unknown)	ED EVER IN U. S. ARMED FOI	service)	49 12 1846	1000	rmant randt Earl	Ly, Bra	Add andywine,	-			
Conditions gave rise couse (a), st lying couse	(	10 CA	ety-Ather	scanf polivie	curation dial	Cong odes-	Meshod.	E)	L	erval BE SET AND	DEATH
PART I	II. OTHER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEA	ATH BUT NO	RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	RMED?
	NT WAS UNDERLYING [] UTING [] CAUSE OF DEATH IOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	nter nature of injury	in Port I or Par	t II of item 18.)				
Hour I	INJURY Month, Day, Ye o. m. p. m.	While	NJURY OCCURRED Not white k at work		OF INJURY (Hame, fo patreet, affice bldg.,		or town)	(	County)		(State)
olive an_	fy that I attended the	decease , 196		death oc	., 19 20., to curred at 412		n the causes of reet, city or town,	and an t		te state	
PHYSICIAN'S NAME (Type)		(0.0)	TEBER	<u> </u>	M.D.	TOP	ILPOK	3 F	M	(0)	
220. BURIAL, CREE REMOVAL (S) BURIA	pecify)	)F	St. Mary			Iau	ral, Md			(State	•)
23. FUNERAL DIRE	ECTOR'S SIGNATURE		ADDRESS		24o. RI	EC'D BY REGIST		STRAR'S SI			
Hum	tt Emeral Ho	me W	aldorf. Md	_	DATE	MAR 7	60	lathur.	d. The	AM	

	CATE OF DEATH			
a rost scale:	The same of Control Spike 1	armin 572	ac escher	
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700 le .det	Car I			
Act 1			8400	
	atoek alig		ativa areatanij	
entite e,	the case obtained	TYPE IT STATE		0.7
Market Market 1/2 0 1				
BUNGATED THE RESERVE OF THE	A Del S			
Selection Washington Contract year				19.8
	A LONG THE RESIDENCE OF THE PARTY OF THE PAR			
	1.1			resident.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, IR

	MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1
235	& MEDIC	AL EXA	AMINER'S C	ERT	IFICATE OF DEATH	

02388

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY b. COUNTY O. STATE Prince Georges MARYLAND D.C. b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) Cheverly dav Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 16th IS RESIDENCE ON A FARM? Prince Georges General Hospita Street YES NO W NAME OF Middle 4. DATE Lost Year William (Type or print) Thornton Perkins DEATH February 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months Hours Min. Male white WIDOWED | DIVORCED T 4-16-04 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Rubber Co. Manager Washington USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Perkins Edward Crawford Emma 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 578-01-0370 Thornton No Perkins: Woodlawn. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema and shock **DUE TO** Massive intrperitoneal hemorrhage and liver failure Conditions, If any, which gove rise to immediate couse **DUE TO** (o), stoting the underlying cause lost. 6 Surgery for intestinal obstruction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20- TIME OF INJURY Month, Day, Year 204 INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while o. m. ot work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy XX. Inspection KX Inquiry XX and find that death resulted from: Natural causes XX Accident . Suicide . Homicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** February 17. Maloney NAME (Type) John DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'DENT REGISTRATO 24b. REGISTRAR'S SIGNATURE DATE

VS. A15ME(5) SM 9/55

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PERSON MEDICAL EXAMINER'S CHATISCATE OF DEATH. Control of the Contro the street will be seen to be a seen to be 

240. REC'D 8 REGISTRAR

1 6 '60

24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

VS A1S (4)

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#### MADYLAND STATE DEPARTMENT OF HEALTH BALTIMORE 18 231

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 1	18	02390
S MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Pag Dist No	0 - 0 0

OR STATE	Reg. Dist. No.
EALTH DEPT.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
, <u>€</u>	o. COUNTY Prince Georges Maryland b. COUNTY Prince Georges
Health Health	b. CITY OR TOWN (If outside corporate limits, write RURAL or LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
THE SE	and give nearest town)
200	Cheverly Skafa arrun Seat Pleasant 28
000	d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARMS
8 099	Prince George Gen. Hosp.   6011 Milfan Drive   YES   NO C
9 0	NAME OF First Middle Lost 4. DATE Month Doy Year OF
ם לי	(Type or print) JOHN DAVID PIERCE DEATH February 17, 1960
off	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE III years IF UNDER 14 AR
5.5	Male White WIDOWED DIVORCED Nov. 6, 1951 Syrs. Months Doys Hours Min.
2	00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)
	Student Grammer School Washington, D. C. U.S.A.
	Student   Grammer School   Washington, D. C.   U.S.A.
	John Eugene Pierce   Monserrate Perez  5. WAS DECEASED EVER IN U. S. ARMED FORCES? [16, SOCIAL SECURITY NO. ] IZ. INFORMANT  Address Good Discount Control of the Control o
	Yes, no, or unknown)   (If yes, give war ar dates of service)
	No None None Mr. John E. Pierce, 6011 Milfan Drive
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
5	PART I. DEATH WAS CAUSED BY: Hemonhoge and Alock
ō	812 X DUE TO 2
7	(Conditions, if ony, which) (b) tracture I should Correlated
	gove rise to immediate couse
	(a), stoting the underlying DUE TO Chert and Abdomes
	1 CANADA CONTROLLAND CONTROLLAND TO BEATLAND TO BE ATLAND
1	PERFORMED?
0	
	20b. DESCRIBE HOW INJURY OCCUPRED. (Enter noture of injury in Port I or Port II of item 18.)  CAUSE OF DEATH.  CAUSE OF DEATH.
	CAUSE OF DEATH. Pedastream struck ly an autouch
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
16	5 Hour of m. 2 - 17 19 6 Oot work of work of Coultral Cuescar De 18 Please of Sha
1,0	21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in m
	opinion death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner
	opinion resolved from: Notoral cooses 1, Accident 12, Solicide 1, Florincide 1, Onderermined manner 1
	ACTUAL DATE SIGNED
	SIGNATURE MEDICAL EXAMINER L
2	ASSISTANT MEDICAL EXAMINER TANKER TO TOUR TO TOUR TOUR TOUR TOUR TOUR TO
	NAME (Typé) JAMES 1. BUID, M.D. DEPUTY MEDICAL EXAMINER D FEDTUATY 18, 1960.
	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220 LOCATION (City. town, or county)
,	Burial 2-20-1900 (alder Hill Com Sullang Maryland
	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
	W. W. CHAMBERS CO., Riverdale, Md. DATEFEB 23'60

PART OF BEATH WARREST CHARLES OF BEATH The second control of TO SERVICE AND ADDRESS OF THE PROPERTY OF THE PARTY OF TH Character to the party of the state of the s 

THE STATE

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	235	7 CERTIFIC	CATE OF DEATH	1	Reg. [	Dist. No.
1. PLACE OF DEATH o. COUNTY Pr	ince Georges	MARYLAND	2. USUAL RESIDENCE (WHO I STATE Mary	ere deceased lived.	If institution: Reside	ence befare admission) CO Georges
RURAL and give	(If outside corporate limits, write nearest tawn)  everly	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If o	utside carporate lin	nits, write RURAL and	give nearest tawn)
OR INSTITUTION	ITAL (If not in haspital, give stree Georges Genral	t address)	d. STREET ADDRESS	Montgome	ry Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	First Be <b>rt</b> ha	Middle F	Lost Poe	4. DATE OF DEATH	Manth Feb.	Doy Year 16 19 60
s. sex Female	6. COLOR OR RACE 7. MAI		8. DATE OF BIRTH 20 Sept. 18'	last	E (In years birthday) Manths	R 1 YEAR IF UNDER 24 HRS Days Haurs Min.
during mast af wa	ION (Give kind of work done 10th	KIND OF BUSINESS OR INC	- Mait	Cayal	Va 12.0	USA
13. FATHER'S NAME	C. Gare		14. MOTHER'S MAIDEN N	relat	Pa	mell
1S. WAS DECEASED EV (Yes, no, or unknown)	(If yes, give way or dates of service)	. SOCIAL SECURITY NO.	Miss Guil	trude	Pare L	g & Mart
	EATH [Enter anly ane cause per EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		veumon, A			INTERVAL BETWEEN ONSET AND DEATH SWEEKS
Canditians, if gave rise ta cause (a), stating lying cause last	immediate DUE TO	generaliz	ed Anreni	10 sche h	20515	3yns
-	: ) (c) THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	nal disease con	DITION GIVEN IN PA	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	/AS UNDERLYING ☐ 20b. DE G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Port II af i	tem 1B.)	
20c. TIME OF INJU Haur a. m. p. m.	While		PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc	.) 20f. (City ar tow	vn)	(Caunty) (State
actual signature	At 16 19  Morman Come	40, and that dea	th occurred at 235 A		auses and on th	last saw the deceased ne date stated abave DATE SIGNED 2 /14/44
220. BURIAL, CREMATING REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOGATION (C	City, tawn, or cavety	n L (State)
23 FUNERAL DIRECTO	SIGNATURE DOMINICONS	Livel, I	24a. RFC	BY REGISTRAR EB 1 9 '60	24b. REGISTRAR'S :	S. Krous

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remay createn pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 h are after death. death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

VS A1S (4) 1SM 9/SB

programs and the progra The article of the contract of Market and the control of the contro  may be retained by the haspital or attending physician.

O FUNERAL CIOR: After this certificate has been signed by the attending physician and campletely filled in be funeral director, page 3 show we detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours offeredeath. 083 TO FUNERAL CO

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

			2:	CER'	TIFIC	ATE OF	DEATH	1	R	eg. Dist. No.	02392
	1. PLACE OF DEATH o. COUNTY Prince (	George		MA	RYLAND	o. STATE	oland	ere deceased lived	I. If institutions b. COUNTY		
		outside carporate lim arest town)	its, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR		utside corporate li			
	d. NAME OF HOSPIT. OR INSTITUTION	At (If not in hospital, g		-		d. STREET	ADDRESS	. A			IS RESIDENCE ON A FARM? YES NO D
	3. NAME OF DECEASED (Type or print)	Fi	rst	Mid		Lo		4. DATE OF DEATH	Month	Day	Year
1	5. SEX	6. COLOR OR RACE	T		nes	Poi B. DATE OF BIRT			Februa	- V	7 19 00 F UNDER 24 HRS.
	Female	White	WIDOWED		CED 🔲	Oct. 2	187			onths Doys	Hours Min.
	1/	N (Give kind of work ing life, even if fetired	done 10b. K	IND OF BUSINESS	OR INDU	STRY 11. BIRTHP	Marvl	or foreign country	)	12. CITIZEN OF	WHAT COUNTRY
)	13. FATHER'S NAME	Hohm	an			14 MOTHER"		The second second	heth	aste	ndarf
		If yes, give war or dates of s		OCIAL SECURITY I	. 17. 1	NFORMANT Host	oital I	Records	Address		U
		nmediate (	the second	plue plue plue	me of.	sin e Do	les	-V.R.	Rises	inter onse	TAND DEATH
	CATIC	ER SIGNIFICANT CON	DITIONS CC	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE CON	IDITION GIVEN	'-'	WALAUTOPSY PERFORMED? YES NO
		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY	OCCURRE	D. (Enter nature o	of injury in F	art I or Part II af	item 18.)		
	ZOC. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While	Not while of work	20e. PL	ACE OF INJURY ctory, street, office	(Home, form, te bldg., etc.	20f. (City or to	wn)	(County)	(State)
	21. I certify the alive on	al attended the	decease , 198	4	20 at death	occurred at	44	1	causes and	an the dote	w the decease e stated above DATE SIGNE
	22a. BURIAL, CREMATION	M. Warren	M.D.	305 Pri 22c. NAME OF CE		eorge_St	reet,	Laurel,	Marylar City, town, or c		(Stote)
	PREMOVAL (Specify) 23. FUNERAL DIRECTOR'S	SIGNATURE	160	ADDRESS	Lie	l Cem	Tuy	Laur BY REGISTRAR	rel	Mary AR'S SIGNATURE	land
	DeWitt	Danal	Lear	Lau	rel	mil	DATE MA			wo S. Kraw	

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			and become an between the Assess 1, 15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Thems 8' Film 0.256 2-15-60 at

()2393 Reg. Dist. No.

				_1,		
1. PLACE OF DEATH o. COUNTY	Prince Geo	rges MARYLAND		Where deceased lived. If Institution b. COUN		1137
and give nearest tow	(If outside corporate limits, write RURA on) Prdale	c. LENGTH OF STAY IN 16		outside corporate limits, write keland	e RURAL and g	ive nearest town)
	TAL OR INSTITUTION (If not Memorial Hosp	in hospital, give street oddress) ital	d. STREET ADDRESS	Navahoe Stre	eet	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF -DECEASED (Type or print)	iam First Willsim Lu	cas Potts	Lost	4. DATE Mon OF DEATH February	_	Day Year 1960
s. sex Male		AARRIED NEVER MARRIED BOWED DIVORCED D	12-13-1891	1890 9. AGE (In yeers lost birthday) 69 yrs.	Months Do	YEAR IF UNDER 24 HRS. Dys Hours Min.
100. USUAL OCCUPAT during most of work Retired	ION (Give kind of work done ing life, even if retired)  1 laborer	10b. KIND OF BUSINESS OR INDUST	Georgia	or foreign country)	12. CITIZE	U.S.A.
13. FATHER'S NAME Wiley	Potts		14. MOTHER'S MAIDEN I	NAME Ikn <b>own</b>		
15. WAS DECEASED ET (Yes, no, or unknown)	YER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			Potts; same		as #2.
	ATH [Enter only one cause pe ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ongestive hea	rt failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gave rise to imme (a), stating the couse lost.	underlying DUE TO	Cardiova	scular renal	disease		
	(c)(HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INALDISEASE CONDITION GI	IVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NOTE
20g. EXTERNAL CAPRIMARY OF CO	NUSE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED. (E	inter noture of injury in Por	t I or Port II of item 18.)		
20c. TIME OF INJU Hour a. m. p. m.		20d. INJURY OCCURRED 20e. PLA: While Not while of work of work	CE OF INJURY (Home, form ory, street, office bldg., etc	n, 20f. (City or town)	(Count	y) (Stote)
		the remains described abo				🔼, and find tha
ACTUAL	ohn J. Y	Maloney	M.D. CHIEF MEDICAL EX			DATE SIGNED
PAME (Type)	John T. M. 1	oney, M.D.	DEPUTY MEDICAL	EXAMINER TED	ruary	7, 1960
REMOVAL (Specify Burial	2/19/1960	Local Appress		Muirkirk,	Marylan	
23. FUNERAL DIRECTOR	Tarvis Co	Kishin		D BY REGISTRAR 24b. REG	ISTRAR'S SIGN	ATURE

VS. A15ME(5) 5M 9/55

## MARYLAND STATE DEPENDENT OF SEALTH-DATENCE IS MEDICAL EXAMINED'S CERTIFICATE OF DEATH

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2423 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

- 4	'n	9	6)	0	1
- {	1	2	3	J	6

						,	
I. PLACE OF DEATH Prin	ce George	S MARYL	O STATE Me	DENCE (Where deced	sed lived. If institu b. COUNT	A STATE OF THE PARTY OF THE PAR	
b. CITY OR TOWN (If outside and give nearest LASS	corporate limits, write #U Manor	c. LENGTH OF STAY IN		OWN (If outside cor Glass Man		RURAL and giv	re nearest town)
	y Lane	at in hospital, give street address)	d. STREET AL / 221	Audrey	Lane		e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF -DECEASED (Type or print)	Fint irginia	Middle R	ead lost	4. DATE OF DEATH	Month Februar		Pay Year 19 60
Female w	hite  w	MARRIED NEVER MARRIED	9-27-1	1902	9. AGE (In years last birthday) 57 yrs.	IF UNDER 1YE Months Day	AR IF UNDER 24 HRS. 's Hours Min.
	ve kind of work done even if retired)	U.S. Gover			umbia:		S.A.
13. FATHER'S NAME Charle	s Draege	r	14. MOTHER'S A	Virginia	Lauderm	กร่าไ	
15. WAS DECEASED EVER IN I	- 6	57 16. SOCIAL SECURITY NO.	17. INFORMANT Arthur E.		Address me addres		2.
Conditions, if ony, w gove rise to immediate a (a), stating the underly cause lost.	oute (	Acute viral	pneumoniti	s			
PART II. OTHER SIG	Bronchiti	ons contributing to DEATH  Parkinson's		HE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIG Chronic Chronic Contribution of Contribution of Contribution Cause of Death.	TING [] 20b. [	DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of inju	ory in Port I or Port II	of item 1B.)		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED 20e While Not while of work of work	PLACE OF INJURY (He foctory, street, office t	ome, form, bldg., etc.)	y or town)	(County)	(Stote)
death resulted from		the remains described uses [2]. Accident [].  Malgney Loney, M.D.	Suicide , Ho	1 1	ER 🗆		DATE SIGNED  3. 1960
220. BURIAL, CREMATION, 22 REMOVAL (Specify) Burial	-6-60	22c. NAME OF CEMETER Cedar Hil			tland,		(Stote)
23. FUNERAL DIRECTOR'S SIGN		ADDRESS 300-4th St.		PEB 5 '60	TRAR 24b. REGI	STRAR'S SIGNA	

VS. A15ME(5) 5M 9/55

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FOR STATE HEA

#### MARYLAND STATE DEPARTMENT OF THE PROPERTY OF T MARYLAND STATE DEPARTMENT OF HEALTH 2358 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

HEALTH DEI	η.		LACE OF DEATH				itution: Rasidance bafora admission)
age age.	4		Prince Georges	MARYLAND	a. STATE Mar	yland b. county	rince Georges
or. Pag files. Health	18		. CITY OR TOWN (if outside corporeta limits,   c. L	ENGTH OF STAY IN 16		f outside corporate limits, write RL	
ne ecte			write RURAL end give nearest town) Cheverly		X Upper	Marlboro	
for y			. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel,	give street eddress)	d. STREET ADDRESS	-10.2 2002 0	a. IS RESIDENCE
dela era e Be	99		D.O.A. Prince George	Gen. Hosn	. P.O. B	0x 210	YES NOX
any of fun etain etain etain death			NAME OF First	Middla	Last	4. DATE Month	Dey Year
If a			Type or print)  JOSEPH	ALOYSIUS	REINHART	DEATH Februs	ary 27, 1960.
3 to 3 to	1	5.	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   B.	May 4. 189	9. AGE (In yeers   IF	UNDER 1 YEAR IF UNDER 24 HRS.
ma may			Male White WIDOWED	- 11	1 1	last birthdey) M	onths Deys Hours Min.
25 ph		10e	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		Y   11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
Pag Pag		401	Clerk -Accountant U.S.	Govit.	Chestnut	Hill. Pa.	U.S.A.
Pag A3.		13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
No PA	4		Unknown- George Reinher	t	Britta 40	eGuckin ewokon	
S. G. T. P. V. P.				AL SECURITY NO. 17. I	NFORMANT	Address	P.O.Box 210,
in 19		(10		nown Mr	. Robert C		Upper Marlboro,
other Series		1	18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).]			INTERVAL BETWEEN MO
exe lon lon nd nd			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AC	ute conges	stivek hea	art failure	
bence a sel-tr			442 × DUE TO				
ould Offii buri			(0)	rdiovascul	lar renal d	lisease	
S a sh			geve rise to immediate cause (a), stating the underlying DUE TO				
icate mine of a	_		causa lest. (c)				
Exar Exar b use	0	NO NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
vord call d be		Ş					YES NO
The		CERTIFICATION	PRIMARY Or CONTRIBUTING	W INJURY OCCURED. (E	Enter nature of injury in Part	I or Perf II of item 1B.)	
MEH of A 3 st	313	100	CAUSE OF DEATH.				
Chititi		MEDICAL			CE OF INJURY (Homa, ferm ory, street, office bldg., atc.)		(County) (State)
the Y		WE	p.m. 19 at work				
ficate to the troops of prior	7.0		21. I certify that I took charge of the remains				
C de di C de d	12		death resulted from: Natural causes X., A	ccident, Suici			ner
War War	4.,		ACTUAL COMPANY	(1)	CHIEF MEDICAL E		
for for	2		SIGNATURE	· V Long	CLM.BL	CAL EXAMINER	DATE SIGNED
DEPUTY sase execu should be forv FUNERAL D its designated	~		EXAMINER'S JAMES I. BOYD	, M.D.	DEPUTY MEDICAL Address (Street, c	ity, town, or county) Feb.	ruary 27, 1960.
Shoul FUN		228	BURIAL, CREMATION, 22b. DATE THEREOF 22c. REMOVAL (Spacify)	NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or	country) (State)
0g40g		В	urial 3/2/60 Mt	. Carmel (	Cemetery	Upper Marlb	oro Md.
VS. A15ME			FUNERAL DIRECTOR	Upper	240. REC'	Upper Marlb	RAR'S SIGNATURE
5M 7/59		R	itchie Bros.Funeral Hom	e- Maribon	ro, Md DATEMAL		2 Kms

ATTICK TO DEBATE AND START THAT THE ATTEMPT THE REPORT OF THE PROPERTY AND ADDRESS OF THE PARTY OF THE POST OF THE POST OF THE PARTY OF THE TOP TO STORY The plat pla in sion . The manual the content the last great is the state of the control of Chiefe Promotive negative service oronical condition temperate Lemma Lemma . The Land Condition of t -was trans- to a property of the property of the formation of the same of the same

1SM 9/SB

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NOX Yeor 19 IF UNDER 1 YEAR IF UNDER 24 HRS Haurs 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (Caunty) (State) . 19 6 Othor I lost sow the deceased and that death occurred at 10:30 PM, from the causes and on the date stated above. DATE SIGNED (State) 24b. REGISTRAR'S SIGNATURE FEB 1 6 '60 Cothun S. Morra Hyattsville, Md. DATE

Manigrah despute and a second seconds a thevalor of the value Total Spirits Tyles Indiana desired control composition...var of . 64 . Till Tarres | Contract | Covince | The Marie Company Things of the Land I was a fine the training to the same of th STATE OF THE PROPERTY OF THE PARTY OF THE PA SK shiredings, soon whomas it

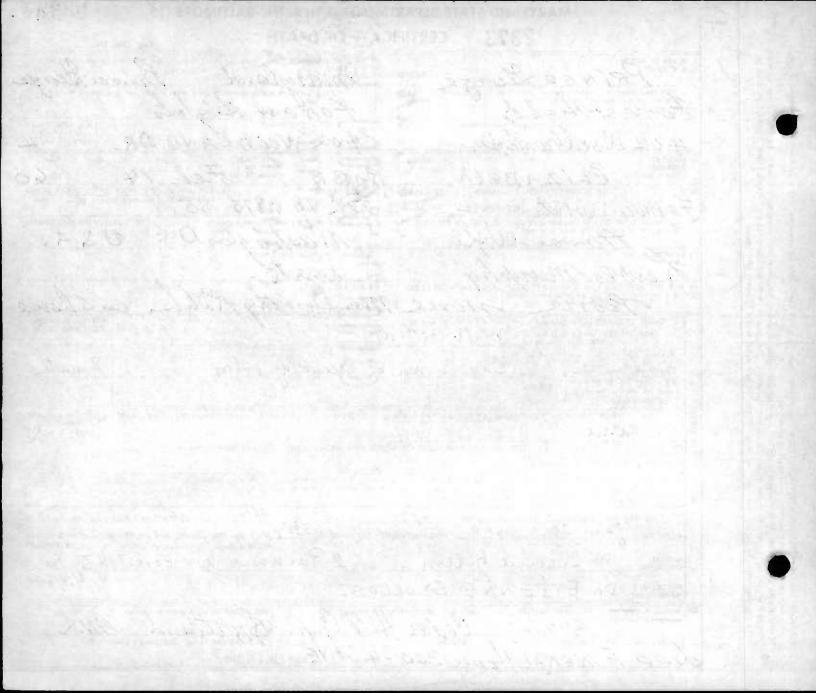
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#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

		O. COUNTY BOOK A B ST. MARYLAND 2.	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	t.	b. CITY OR TOWN (If autside carparate limits, write ZURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	V	TORESTHIGHE 15	Forest Hights
	(	d. NAME OF HOSPITAL (If not in Mospital, give street address) OR INSTITUTION,	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	-	402 Wood Vane Un.	402 WOOD LAND, DR. YES NO D
		3. NAME OF DECEASED (Type or print) ELIZABETA RE	OF DEATH Fel 14 1960
	5. 5	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B. D.  DIVORCED  T  DIVORCED  T	ATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
1	700	12/1000 100000	
		No. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY during most of warking life, even if retired)	Washington DC USA.
1	13.	3. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
		Devis Murphy	lenk.
/	15. (Yes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFO	RMANT Address
		none more m	in Dorothy Colle Galebore
		1B. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY: Malnutiling	ONSE! AND DEATH
		153,0 DUE TO 0	1 2 4
		(b)	ascending colon & months
		gave rise to immediate cause (a), stating the under	
		lying couse last. (c)	
-	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
)	FICATION	3 nne	YES NO
	CERTIF	LOB. ACCIDENT WAS UNDERLYING A	inter nature of injury in Part I or Parl II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While p. m. 19 at work at work	OF INJURY (Hame, farm, 20f. (City ar town) (County) (State) , street, affice bldg., etc.)
	_	7.10	10.57 - 2/14 106-4-11-1
		21. I certify that I attended the deceased from 6/2	curred at 50 M, from the causes and an the date stated abave.
		dive on, 19, and mar dealin ac	ADDRESS (Street, city or town, state)  DATE SIGNED
		SIGNATURE D. Elicure belon M.D.	2. Tarkway Dr. Forest HT Md.
1			0 2/14/60
		PHYSICIAN'S DY- ETTENNE SZOLLOS	SI
	22a	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CR	REMATORY) 22d. JOSATION (City, Jown, or county) (Store)
		REMOVAL (Specify) 2/17/60 Codar Hil	I Com. Quitland mid
	23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	1	NEE FUNERAL Home 300-4	STIVEDATEEB 16'60 Closing & Know



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1960

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VS. A15ME(S) 5M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02399

0241	Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)
O. COOKIN Prince Genzer MARYLAND	o. STATE Maryland b. COUNTY franc Jeony
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give recrest town)
Camp Spring 10 years	19 Comp Sprend
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sireet oddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
5411 middlelon Jama	5411 middleby tare YES NO 13
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) aseph Cellon V	usell DEATH tel 24 1966
	DATE OF BIRTH  9. AGE IIn years IFUNDER 1YEAR IF UNDER 24 HRS. Months Days Haurs Min.
Tuelle Turke WIDOWED DIVORCED	10-2-07 52 yrs.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Vous Drever gray Hours	Maryland U. J. Ce
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Nem Russell	Dare Hances Harren
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL SECURITY NO. 17. IN (Yes, po., or unknown) [If yes, give wer or doles of septice)	NFORMANT Address
927-07-6936 150	ula. Juryma, Chilan, Md
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	rose and Shock
976 DUE TO	
Conditions, if any, which gave rise to immediate cause	a wound I head
(a), stating the underlying DUE TO	Y-
cause fast. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
U 200 EVTEDNAL ALISE WAS 201 DESCRIPE HOW ANY OCCUPATION	YES NO [2]
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E. CAUSE OF DEATH.	nler nature of (njury in Port 1 or Port II of item 18.)
The state of the s	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
Haur o. m. While Nat while	CE OF INJURY (Home, farm, 20f. (City or town)  (Stote)  (Stote)
	Tone (any spring 1) we
21. I certify that I took charge of the remains described above	
death resulted from: Natural causes, Accident, Suid	cide , Homicide , Undetermined cause .
ACTUAL / 9 /	DATE SIGNED
SIGNATURE	M.O. CHIEF MEDICAL EXAMINER
EXAMINER'S /A MCS I BOYD	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
220. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, tawn, or county) (Stote)
Burial (Specify) Feb. 26-1960 St. John's B	me Tirus ( C) : tan Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
A. Brand 1661-6000 Hope RR	EFR 2 6 '60 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

ATIMICATE OF DEATH.	ED BYREMINAXE JADICEN
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2362 CERTIFICATE OF DEATH

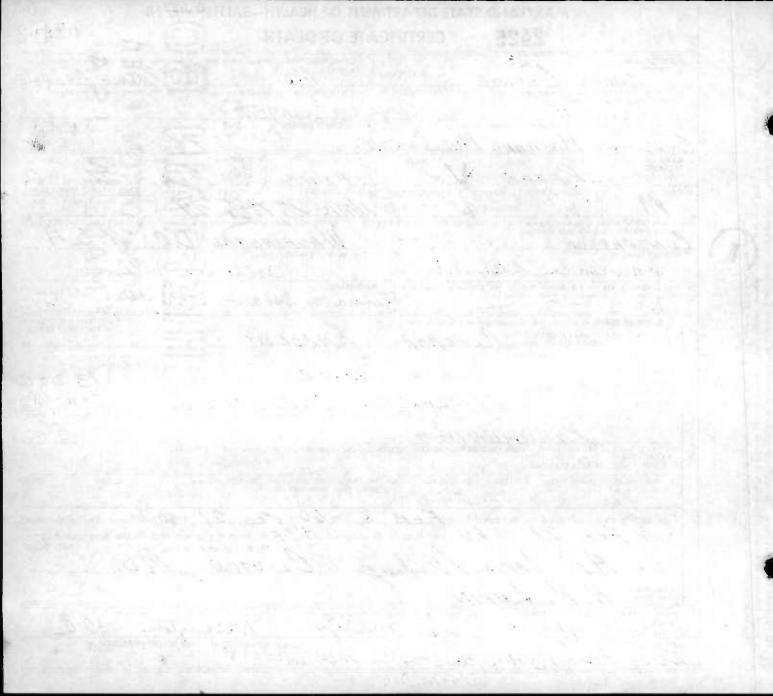
CERTIFICATE OF DEATH

02401

-				P	reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W	here deceased lived. If institution: b. COUNTY	Residence before admission)
1	Prince Georges	MARYLAND	Maryland		e Georges
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RUR	
	Cheverly	6 days	× Adelphi		
7	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Prince George Genera	1 HOSPITAL	7902 Kreeg	er Drive	YES NO
	3. NAME OF DECEASED First	Middle	Last	4. DATE Month	Day Yeor
	(Type or print) Helen	D.	Sandore	DEATH Feb.	9 1960
	5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED X	B. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
	Fem. White WIDOW	ED DIVORCED	2-20-21	38 yrs.	Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b.			or foreign country)	12. CITIZEN OF WHAT COUNTRY
	during most of working life, even if retired)	DERAL AVIATION AL	AA	CONN	U.S.A.
	13. FATHER'S NAME	74	14. MOTHER'S MAIDEN		L VIOIA.
1	PETER SANDOI	RF	ALVIR	L 1	
1		SOCIAL SECURITY NO	NFORMANT	. Addres	Sta # A . I
	[Yes, no, or unknown] (If yes, give war or dates of service)	NKNOWN MI	RSEVELYNGR	OSSO 92 Of Address	PK, MARYLAND
	18. CAUSE OF DEATH [Enter only one couse per li				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	D 011 15.	t		ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Jumon	ou o		Tuay
	745X DUE TO	a+0 1	•		
	Conditions, if ony, which ) (b)	Well crase	0		
	gove rise to immediate	1 11	' ' ' ' ' '		
	couse (o), stoting the under-	yphoscolog	res of thou	acic Spene	
à	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY
2	PART II. OTHER SIGNIFICANT CONDITIONS &		V		PERFORMED?
4		CDIDS HOLL BUILDY OCCUPAN		P	TES IN NO
	OR CONTRIBUTING □ CAUSE OF DEATH!	CRIBE HOW INJURY OCCURRE	J. (Enter noture or injury in	For I or For II or Hem 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY IHome, for	n, 20f. (City or town)	(County) (State
	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. 19 White of wor		tory, street, office bldg., etc.	c.)	
			4- 9	7 / 0 //	
	21. I certify that I attended the deceas	ed fram Allen al	, 19,60, to_b	Tiles 1964, th	at I last saw the deceosed
	alive an 26 6 196	and that death	accurred at 10:20 A	M, fram the causes and	on the date stated above
		1 -11 "		ADDRESS (Street, city or town, sto	
	ACTUAL 3/ 1/1	100	9812 49	th.Ave	
1	SIGNATURE ALCOHOLIST COLLEGE	CHERLY	M.D		
	PHYSICIAN'S Dr. William Guntl	ner	College	Park Maryland	
	220. BURIAL, CREMATION, 22b. DATE THEREOF		D CONTACTORY	224 LOCATION (City Assets	
	-REMOVAL (Specify)	22c. NAME OF CEMETERY O	45	22d. LOCATION (City, town, or	county) (Stote)
	BURIAL FEB, 13, 1960	LALVARI	CEM.	INATERBURY	LONN
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS O O		CD .	RAR'S SIGNATURE
	III IV Characters Contrac	Muser dalo 4	MAL DITE	EB 1 2 '60	* 1.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft the haspital ar attending physician. TO HOSPITAL OF VS A1S (4) 1SM 9/5B

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		English			fravui.
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	ment that year	Proffee	100	produced Line	
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

02403

				-	Reg.	Dist. No.
1. PLACE OF DEATH  o. COUNTY.	Scorge;	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE)		If institution: Reside	ence before admission)
		c. LENGTH OF STAY IN 16		outside corporate lin	nits, write RURAL and	d give nearest town)
d. NAME OF HOSPITA	AL (If not in hospital, give stree	address)	d. STREET ADDRESS	St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Baby Gi	. Middle	see	4. DATE OF DEATH	Month Feb.	Day Year
5. SEX Femple	WIDOW WIDOW		18. DATE OF BIRTH 726, 27 19	60 9. AG	E (In years   IF UNDI   Months	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATIO during most of work	ON (Give kind of work done ling life, even if retired)	. KIND OF BUSINESS OR INE	DUSTRY 11. BIRTHPLACE (State	or foreign country)	12. 0	US A
13. FATHER'S NAME	A. See		14. MOTHER'S MAIDEN A	Huba	er)	
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	. SOCIAL SECURITY NO. 17.	HOSA. Rec	ords	Address	
Conditions, if on gove rise to in cause (o), stoling t lying cause tast.	mmediate (	rerature	anne	- pla	icale	INTERVAL BETWEEN ONSET AND DEATH Thereof
Z Z	ER SIGNIFICANT CONDITIONS					ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Part 1 or Part 11 of i	tem 18.)	
20c. TIME OF INJURY Hour o. 51. p. m.	While		PLACE OF INJURY (Home, farm foctory, street, office bldg., etc.	.) 20f. (City or low	/n)	(County) (State)
21. I certify the alive on	at I attended the decea	/	1960, ta	A.M., fram the ADDRESS (Street, ci	causes and an	l last saw the deceased the date stated abave DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify)	2/28/60	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (C	City, town, or county)	(Slote)
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS W	24a. REC'I	D BY REGISTRAR	24b. REGISTRAR'S S	A 11

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TO HOSPITAL OR

VS A15 (4) 15M 9/5B

death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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2202

CERTIFICATE OF DEATH

6303				Reg. Dist. No.	
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	nere deceosed lived. If institution b. COUNTY	n: Residence befare odmission) ince Georges	
PrinceGeorges		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Cheverly	c. LENGTH OF STAY IN 16	66 E. Rivero		RAL and give nearest town)	
d. NAME OF HOSPITAL (If not in haspital, give street of		d. STREET ADDRESS		e. IS RESIDENCE	
OR INSTITUTION		5712 East	t Pines Drive	YES NO X	
Prince Georges General			*		
3. NAME OF DECEASED (Type or print) George	John Middle	Sheppard	4. DATE Mante OF DEATH Feb	13 19 60	
5. SEX  6. COLOR OR RACE  7. MARRI White  Widowe	DIVORCED	8. DATE OF BIRTH  7 April 19	9. AGE (In years lost birthdoy) 36 yrs.	Months Doys Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. I during mast af working life, even if retired)	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?	
Service Station Owner		SPOKANE 1	WASHING-TON	U.S.A	
GEORGE JOHN SHEP	PARD	EDHA A	X, DAKIN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yes. no. or unknown) (If yes, give war ar dates of service)	50 CIAL SECURITY NO. 177-20-22260	DAIL D. SHEPI	PARD. 5712 E	PINES DR	
1B. CAUSE OF DEATH [Enter only one cause per lin			7-11,000	/ INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY:	0 101 401, (0), 6110 (0).	0	2. 1. Pan 1	ONSET AND DEATH	
IMMEDIATE CAUSE (a)	Munin	ary &	mooney !	1 ale	
541.0 DUE TO	1/1	, / ,			
Conditions, if ony, which ) (b)	Muo alu	al seles	22-		
gove rise to immediate OUE TO					
lying cause last. (c)					
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition give	EN IN PART 1(0) 19. WAS ANTOPSY PERFORMED? YES NO	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Port II of item 1B.)		
Hour o.m. While		ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		(County) (State)	
	16 7 - 11	1960, to 2	13 19621	to the transfer of the transfer of	
21. I certify that I attended the deceose				hot I last saw the deceased	
olive on 12 -1 -1 196	$\mathcal{Q}_{}$ , and that deoth			d on the dote stoted abave	
1	11 1		ADDRESS (Street, city or town, s		
SIGNATURE SAUL Chus	- dit las	M.D. 1726542	St. N.W. WASA	1.11 DC 2-13-60	
PHYSICIAN'S Dr. Saul Swarts	back , M.D.				
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, town, o	r county) (State)	
BURIAL 2-16-1960	FIOT LINCOL	V CEM		- , MARYLAND	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS R	12 10 H 1 24a. REC'		TRAR'S SIGNATURE	
W.W. Chambers Co 580	1. Cleveland	Ave DATE	B 1 9 '60 Chi	hur S. Kraus	

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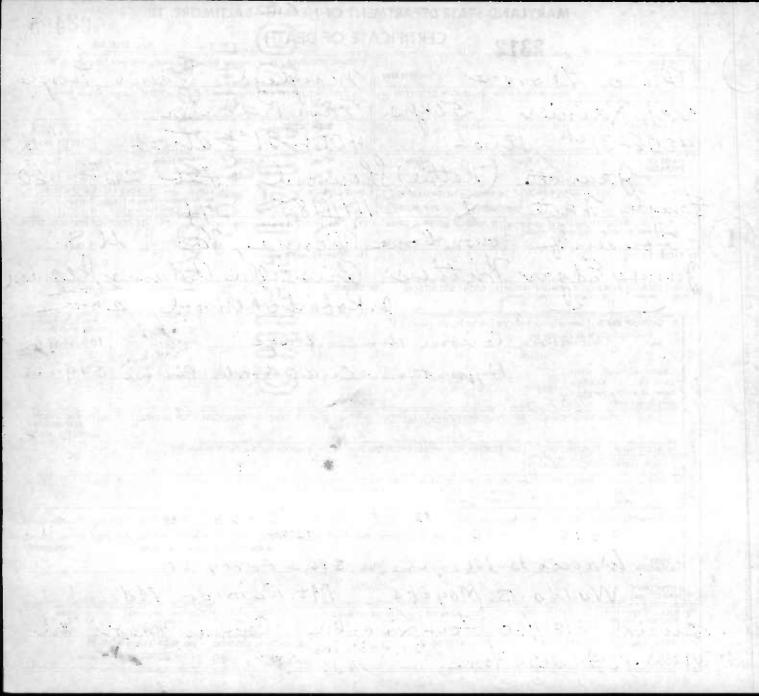
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VS A1S (4)

15M 9/SB



10 HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

may be retain TO FUNERAL D

VS A1S (4) 1SM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 7 FilmG255 2-8-60 et

8	MARYLAND I	tem 7 FilmG25	2-8-60 et ATE OF DEATH	-BALIIMORE, I	Reg. Dist. No.	2406
	1. PLACE OF DEATH o. Pull Prince George	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryla	re deceased lived. If institution b. COUNTY		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		tside corporate limits, write R L Heights	URAL and give nearest to	wn)
7	d. NAME OF HOSPITAL (If not in hospital, give street of PATHOLO George General He	ospital	d. STREET ADDRESS	Shady side Ave	e. IS R ON YES (	ESIDENCE A FARM? NO
	3. NAME OF DECEASED (Type or print)  Albert First	Flerence S	lean Lost	4. DATE Mon OF DEATH Feb		Year 19 60
	5. SEX Male 6. COLOR OR RACE 7. MARRI WIDOWE	X Widowed	B. DATE OF BIRTH Aug. 28 1881	9. AGE (In years last birthday) 75 yrs.	Months Days Haur	7
	10a. USUAL OCCUPATION (Give kind af wark dane 10b. ) during many fracting life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of Phil. Pa		12. CITIZEN OF WHAT	
1	13. FATHER'S NAME Harry Sloan		14. MOTHER'S MAIDEN NA Margare			
		SOCIAL SECURITY NO.	NFORMANT Caroline Slean	-daughter	ress	
	18. CAUSE OF DEATH [Enter only one cause per lime	e far (a), (b), and (c).]	Humand	lage ESB De	INTERVAL ONSEL AN	BETWEEN D DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> (b)  DUE TO	Michilia	w mile	alus S	10	- Lun
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	PERI	S AUTOPSY ORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CO.  200. ACCIDENT WAS UNDERLYING 20b. DESC. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	art I ar Part II af item 1B.)		
	20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m. While at wark	Nat while fac	ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.)	20f. (City ar tawn)	(Caunty)	(State)
	21. I certify that I attended the decease	/ .	19 6 to pel	b_I, 1960,		
	ACTUAL William B	Eurin		DDRESS (Street, city or town,		TE SIGNED
	PHYSICIAN'S WM BRA	ININ	Capit	A Hela	m	
-	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) ransportation Feb + 196	22c. NAME OF CEMETERY O	R CREMATORY  It   Cemetery	Pennsylvania		ate)
	23. FUNERAL DIRECTOR'S SIGNATURE  F. Gasch's Sons Hyperical States of the States of th	ADDRESS attsville Md.			STRAR'S SIGNATURE	

Microst culture of the Bankers I The Committee of Sandy Health Landing Co. 1 and the Landing Co. And the state of t Programme and the second of th par for the Territoria dicara de la constitución de la constitu BERTHAM IN Broke "Salad file in a tage in some of the in a fall help made Continue of the Continue of th

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2313

02407

	Reg. Dist. No.
I. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
Prince Georges MARYLAND	o. STATE Maryland b. COUNTY Pr. Geo.
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Takoma Park	53 Takoma Park
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
6519 Allegheny Avenue	6519 Allegheny Avenue YES NO
3. NAME OF First Middle OF CT Smart (Type or print) Arthur Herbert Smart	Last 4. DATE Month Day Year Of DEATH Feb. 29 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	
Male white WIDOWED DIVORCED	1-23-85   leat birthday)   Mpnths   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired rancher	RY 11. BIRTHPLACE (Stote or foreign country)  I2. CITIZEN OF WHAT COUNTRY  Kansas  USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Henry Smart	Mary Goff
(Yes, no, or unknown)   (If yes, give wor or dates of service)	NFORMANT Address
No 709-18-8208 J	ames Arthur Smart; Rock Point, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Coronary OCC	
420, / DUE TO	
Conditions, if ony, which) (b) Coronary thr	ombosis
gove rise to immediate couse (o), stalling the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO X
200. EXTERNAL CAUSE WAS PRIMARY OF COURTBUTING CAUSE OF DEATH.	nler noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED And While Not while foctor of work at work at work	CE OF INJURY (Home, form, 20f. (City or lown) (County) (State) ry, street, office bldg., etc.)
21, I certify that I taak charge of the remains described abor-	ve, held an Autapsy 📆, Inspection 🖾, Inquiry 🔼, and find the
death resulted from: Matural causes . Accident , Suid	cide , Homicide , Undetermined cause .
	1D-
ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER
SIGNATURE	ASSISTANT MEDICAL EXAMINER
EXAMINER'S John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER TO February 29, 1960
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
burial 3/3/60 Congressi	onal Cem. Washington, D.C.
23. FUNERAL DIRECTOR'S SIGNATURE 2901 ADDRESS 11 ST.	N . W . 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
The S.H. Hines Co. Washington, D.	C. DATE MAD 2 160 Outhor & House

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retain by the haspital or attending physician.

TO FUNERAL D. CTOR: After this certificate has been signed by the ottending physician and completely filled in by me funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after de4th.

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2339

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

Prince George's	MARYLAND 0. STA	Maryland		rince George's			
DLIDAL and nive approx towns)	rears c. CITY	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Riverdale, Md.					
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 4510 Oliver Street		et ADDRESS O Oliver St		e. IS RESIDENCE ON A FARM? YES NO K			
3. NAME OF First DECEASED	Middle Si	Last 4. DATE OF DEATH	Feb.	22, Year 1960			
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER  WIDOWED 1	R MARRIED B. DATE OF	1226	1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Doys Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most part of the life retired) own ho		THPLACE (Stote or foreign of Marylan		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Charles Malin	14. MOT	HER'S MAIDEN NAME  Katheri	ne Murphy	7			
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) ?	RITY NO. INFORMANT Ruth Ge	roux Same	Address as no 2				
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Anonaki	, Occlu	seon	INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)		Heent ED TO THE TERMINAL DISEAS					
	NJURY OCCURRED. (Enter no	ure of injury in Port I or Por	t II of item 1B.)				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCUP Hour o. m. p. m.  21. I certify that I attended the deceased fram. alive on 2 19 19 19 19 19 19 19 19 19 19 19 19 19	foctory, street,		2, 160th	at I last saw the deceased an the date stated obove.  DATE SIGNED			
PHYSICIAN'S David S Clayman /	631	l Balto ave	Riverd	ale, Md.			
Burial 2/25/60 Uni	of CEMETERY OR CREMATO on Cemetery aore Avenue	Bu	rtonsville,	Md.			
TO COLLEGE OF STORY	, Maryland	DATE FEB 2 6 '		MAR'S SIGNATURE			

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		March 1979		
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12419 Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) - Congress Heights e. IS RESIDENCE ON A FARM? 5509 Wheeler Road. S.E. YES NO IX Day Year 1060 3 'eb-9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 50 yrs Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address 5509 Wheeler Rd. Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO (County) (Stote) 1960 that I last saw the deceased and that death occurred at 10:20 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) 22d. LOCATION (City, town, or county) (State) James Cemetery Removal 2-5-60 Pleasant Mount 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR anthur & Hears

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2428 **CERTIFICATE OF DEATH** 

02411 Reg. Dist. No.

	1. PLACE OF DEATH 0. COUNTY Prince George's Co. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Pro	Geo¹s Co.					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Suitland, Maryland  c. LENGTH OF STAY IN 1b 6-Weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)					
0	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Suitland Nursing Home.	5531- Branch Ave., S.E.	e. IS RESIDENCE ON A FARM? YES NO					
	3. NAME OF DECEASED (Type or print) SABA. M. Middle S.	Lost 4. DATE Month OF DEATH Feb. 2	Day Year 6. 1961					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED		1 YEAR IF UNDER 24 HRS. Days Hours Min.					
1	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  Domestic:	N. C.	ZEN OF WHAT COUNTRY?					
	75. FATHER'S NAME  Joseph Talbert	14. MOTHER'S MAIDEN NAME Martha Masson						
	(Yes no or unknown) . Iff we give wer or deter of service)	hormant Address thur L. Smith - Same as # 2.						
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).].  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  VULNUC		INTERVAL BETWEEN ONSET AND DEATH					
	450.0 DUE TO Se man lune of an temperalismanis							
	gove rise to immediate couse (a), stating the under-lying cause lost.  (b)  DUE TO							
0		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)						
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 of work of work	ACE OF INJURY (Home, farm, 20f. (City or lown) (Cotory, street, office bldg., etc.)	County) (State					
	21. I certify that I attended the deceased fram.	1948, to FUI. 26, 1964 that I la						
,	alive on 12 23 19 6 1, and that death accurred at 5.40 MM, fram the causes and on the date stoted obove  ADDRESS (Street city or town, stafe)  DATE SIGNET  SIGNATURE  M.D. 3//2 - 4 A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							
/	PHYSICIAN'S JOSEPH. N. 1hibA de A	U. WASh, 20 DC						
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF		(Stote)					
٠	13) FUNERAL DIRECTOR'S SIGNATURE  Brothers 1661-ADDRESS WAShington Dec	Road S.E. 240, REC'D 8Y REGISTRAR 24b, REGISTRAR'S SIC						

d be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shout the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/58

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

CASTINE OF ALLENDING TRIBILIANS IN INC. 100 FEQUITES THAT THE GEGIN CETITIONE DE EXECUTED WITHIN 24 NOUTS OFFET GEGIN. Page A		OFUNERAL DI OR: After this certificate has been signed by the ottending physician and completely filled in by	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 strauld be filled with	たし人と
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2	may be retained by the hospital or ottending physician.	J. C.	poge	the registrar prior to burial, cremation, or remaval, and in any event within 72 hauss-after death.
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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

MARYLAND STATE DEPARTM		-BALTIMORE, 18	02413
2310 CERTIFICA	ATE OF DEATH	R	eg. Dist. No.
1. PLACE OF DEATH 2. COUNTY 4802-66th Place (P.G. MANUA)	2. USUAL RESIDENCE (Where o. STATE Washingto	deceased lived. If institution:	Residence befare admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Hyattsville, Md. 1/16/60	c. CITY OR TOWN (If outsi	ide corporate limits, write RURA	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS 2309-3th St	reet N.E.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First Middle DECEASED (Type or print) GRANVILLE F	SORRELL 4	DATE Month OF LEATH	Day Year
5. SEX Male   6. COLOR OR RACE   7- MARRIED   NEVER MARRIED	8. DATE OF BIRTH 4-11-1886		UNDER 1 YEAR IF UNDER 24 HRS. lanths Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired)  Sheet Metal work  Navy yard	Washington		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Weneford Sorrell	Rose Virgi		
	nformant onald F. Sorr	ell-Son 480	2 66th Pl.
260X DUE TO INFIARCTION	HROMBOSIS PARTERIOSO PELLITUS		Syens 11 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER			IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
ACTUAL SIGNATURE THOMAS TO COLLINS PHYSICIAN'S THOMAS TO COLLINS		M, from the causes and DRESS (Street, city or town, state)	hat I last sow the deceased I an the dote stated above PATE SIGNED
20. BURIAL OFFICIAL 22b. DATE THEREOF 2/12/60 Arlington N		d. LOCATION (City, town, or co	
J. FUNERAL DIRECTOR'S SIGNATURE 300-4th St.N.E	24g REC'D R	Y REGISTRAR 24b. REGISTRA	AR'S SIGNATURE

	HIA	DATE OF DE	PERSON CERTIFIE		
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	at. If you are				
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VS. A15ME(5) 5M 9/55

02414

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (W				ence bei	fore admi:	usion)
	P.	rince Geor	ges	MA	RYLAND	o. STATE Maryla	end	b. COUNT	Pr.	Ge	0.	
	b. CITY OR TOWN (If and give nearest town)		RURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	outside co	rporote limits, write	RURAL one	give n	earest tov	vn)
	Chev	erly		D.O.A.		38 Hyatts	ville					
	d. NAME OF HOSPITA	L OR INSTITUTION (	f not in hor	spital, give street odd	ress)	d. STREET ADDRESS		Adding the				SIDENCE A FARM?
	Prince Ge	orges Gener	ral He	ospital		5005 70th	Pla	ce				NO 🗆
3.	NAME OF DECEASED	Fin	ıt	Middle		Last	4. DATE	Month		Day	Ye	ar
	(Type or print)	Austin	Peter	r Sul	livan		OF DEATH	February	-	25	19	60
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARR	IED B.	DATE OF BIRTH		9. AGE (In years fost birthday)	IF UNDER			R 24 HRS.
	Male	white	WIDOWE	D DIVORCE	0 🗆	Sept. 22, 18	397	62 ym.	Months	Days	Hours	Min.
10	o. USUAL OCCUPATIO	N (Give kind of work	done 10b. 1	KIND OF BUSINESS C	OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign	country)	12. CITI	ZEN O	F WHAT	COUNTRY?
	Machinist	j ille, even il terriedj	1	U.S.Govern	ment	Washingt	on,	D.C.	I	J.S.	A.	
13	. FATHER'S NAME		Ten.			14. MOTHER'S MAIDEN N	IAME					
	James J	• Sullivan			o bu	Isabelle	Car	r				
15	. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY N	O. 17. IN	FORMANT	100	7010 Address	enval	o D	anlas	-
	es	U.S. Navy	arvice)		Ed	ward D, Thom	ipson;		lle.		ST.KM	ay
	18. CAUSE OF DEAT	H [Enter only one cau	se per line	for (o), (b), and (c).]				A A A A A A A A A A A A A A A A A A A	ولالك	MG .	VAL BETWE	EN
	PART I. DEAT	H WAS CAUSED BY:		cute cong	estiv	e heart fail	nre			ONSE	T AND DEA	IH.
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	(o), stoling the u	(o), stoling the underlying DUE TO										
z		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								UTOPSY		
18										, , ,	PERFO	NO X
CERTIFICATION	20g. EXTERNAL CAU	SE WAS 20	b. DESCRIB	E HOW INJURY OCC	URRED. (En	iter noture of injury in Port	L Lor Port I	L of item 1R.)				NO IA
CERT	PRIMARY OF CONCAUSE OF DEATH.	TRIBUTING			, , , ,	in i						
	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d.	INJURY OCCURRED	20e. PIAC	E OF INJURY (Home, form	20£ (Cit	v or town)	(Cou	intv)		(Stote)
MEDICAL	Hour o. m.	19	While	e Not while	focto	ry, street, office bldg., etc.	)	, 0, 10,111,	100	,,,		(31010)
1	p, m.			ork ot work		. I. I.I. A. I.		. (%)		-		
						re, held an Autops		Inspection X,	_		, and f	ind that
	death resulted	from: Natural	causes M	Accident [	<b>_</b> , 5010	ide [], Homicide	<u> </u>	Indetermined o	ause	•		
	ACTUAL ()	1 -	Van	0-							DATE S	GNED
	SIGNATURE	my	111/	sconer		_M.D. CHIEF MEDICAL EX	_					
	EXAMINER'S				-	ASSISTANT MEDICA		_			/-	
	NAME (Type)	John T. Ma.				DEPUTY MEDICAL I	EXAMINER	<b>⊠</b> Fe	b. 26	9	1960	
22	BURIAL, CREMATION	N. 22b. DATE THEREC	9	22c. NAME OF CEM	ETERY OR	CREMATORY 1	22d. LOC	TION (City, town,	or county)		7 (Stole	)
E	urial		60	Creine	clow	halo Cen	Lu	rling	los	. /	10	1 00
123	FUNERAL DIRECTOR	SIGNATURE	1/.	ADDRESS	-Rai	MILL	D BY REGIS	1 16	TRAR'S SIC			
1	alleys	unicial!	4 om	_	m	DATE M	AR 1	'60 Ca	whit s.	, 7lia	H.A.	
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# MARYHAND STATE DIRACTMENT OF HEALTH CATE OF DEATH

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

24b. REGISTRAR'S SIGNATURE

Orthur & Kenne

24a. REC'D BY REGISTRAR

DATE FFB 2 6 160

Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Prince Georges o. STATMaryland b. COUNTY Prince Georges MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hyattsville days Cheverly d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 6011 Lu th. Ave Prince Georges General YES NO K 4. DATE Middle Manth DECEASED Taylor Feb. 60 Francis S. (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH birthdoy) Months 8-16-84 Hours White WIDOWED | DIVORCED | Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland Sanitary Comm. USA Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Taylor Hannah Tipton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Ida Mabel Taylor Hyattsville Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Purmonany Emborus PART I. DEATH WAS CAUSED BY: 15 MIN IMMEDIATE CAUSE (a) DUE TO CARCINO MATOSIS 1 mos Conditions, if any, which (b) gave rise to immediate DUE TO cause (o), stoting the under-CARCINOMA PROSTATE lying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES PHO F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a. m. While Not while ot work ot wark 1960 that I last saw the deceased 21. I certify that I attended the deceased fram 7-1-10 and that death accurred at M, fram the causes and an the date stated abave. ADDRESS (Street\_city or town, stote) MTRAINIERMA PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 2/26/60 Ft Lincoln Cemetery Colmar Manor, Md.

page 10 VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

Hyattsville, Md.

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Order Colmin St. Lipsonia Complete Colmin Sance, No. 1985.

#### VS. A15ME(5) 5M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2430 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02417

									Reg. Di	II. No.	
1, PLACE OF DEATH	rince Geor	ges	MARY		e CTATE		/here decea	sed lived. If instit		nce befo	ore admission)
L CITY OF TOWN W		MARAL	c. LENGTH OF STAY					porate limits, write	PIIDAI and		annet town)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest for Seabrook c. LENGTH OF STAY IN 1b transient							ingtor		47 X-	3	orest town)
d. NAME OF HOSPIT. Pennsylv	rania Rail	f not in ho Road	spital, give street addres Tracks	(a)	d. STREET ADD		Sth St	most			e. IS RESIDENCE ON A FARM? YES NO K
A 114110 AP											
3. NAME OF -DECEASED (Type or print)	Bert:		Finch	Tor	lost		4. DATE OF DEATH	Febr		Doy 5	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	3 B. D	ATE OF BIRTH			9. AGE (In years	IF UNDER 1	YEAR	IF UNDER 24 HRS.
Male	white	WIDOWE			12-3	-		last birthday) 22 yrs.		Days	Haurs Min.
10a. USUAL OCCUPATIO	ON (Give kind af wark og life, even if retired)	lone 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	E (State	ar fareign	country)	12. CITIZ	EN OF	WHAT COUNTRY?
Clerk	,	U	.S.Govit		Washi	ngto	on, I	O.C.		U	.S.A.
13. FATHER'S NAME				1	4. MOTHER'S MA						
Alpho						I	Pearl	R. Enge	1		
15. WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give war or dates of I		SOCIAL SECURITY NO.	17. INF	DRMANT			Address			
No.	,,,,,,	,		Al	ohonso T	one	7: Sa	ame addre	ss as	# 2	•
	TH Enter only one cau	e per line	for (a), (b), and (c).							INTER	AL BETWEEN
PART I. DEAT	H WAS CAUSED BY	3119	Hemorr	hage	and sho	ock				ONSE	AND DEATH
810 x	IMMEDIATE CAUSE (a) DUE TO		11011011	nago	6414 D110	7016					
Canditions, if a	12.13		Trauma	: m11	ltiple a	nd s	severe	3			
gave rise to immed	digte couse			, , , , , ,						-	
(a), stating the couse last.	DUE TO (c)	250		57%							
Z PART II. OTH	IER SIGNIFICANT CON	ITIONS CO	ONTRIBUTING TO DEAT	H BUT NO	RELATED TO TH	E TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19	. WAS AUTOPSY
ICATR										Y	PERFORMED?
PART II. OTH	SE WAS TRIBUTING		ing in an a						o trac	in	
					OF INJURY (Hon			y or town)	(Cove		(State)
OL Hour -a.m.		While	A Nest while	factory	, street, affice blo	dg., etc.	)				
₹ 10.36 K.M.	2-5- 19	50 at we	ork at work	R.R.	Tracks	ME	Seat	rook	Pr. G	eo.	Md.
			remains described					nspection 🔽	, Inquiry	/ XX	and find that
death resulted	fram: Natural	causes [	, Accident	Suicio	de 🔲, Hor	nicide	□, U	ndetermined	cause .		
ACTUAL	Am D.9	Ma	loney		A.D. CHIEF MED	ICAL EX	AMINER [				DATE SIGNED
EXAMINERS	Tohn M M-	lonor	MD		ASSISTANT DEPUTY ME			_	bruary	. 6	1960
NAME (Type)	John T. Ma			TRY CR		DICAL D				,	
BENDYAL (Specify)	2/9/60			coln			Col	mar Mai	or county)		Md.
23. FUNERAL DIRECTOR	S SIGNATURE '	£739	Baltimore	Aver	iue 24	o. REC'I	BRY REGIS	TRAR 24b. REG	STRAR'S SIG	NATUR	Ę
F. Gasch'	s Sons	Hyat	tsville, Ma	aryla		ATE FE	DIII		thun &. I	reall .	

## MARYSAMO STATE DEPARTMENT OF DESIGNATE OF DEATH

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MARYLAND 2431		ENT OF HEALTH—BALTI		()2418 J. Dist. No.
ince George	MARYLAND	2. USUAL RESIDENCE (Where deceased light STATE Maryland	brince	
TOWN (If outside corporate limits, write and give nearest town) tland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate)  // Hillcrest He:	e limits, write RURAL	ond give nearest town)
DE HOSPITAL (If not in hospitol, give street HUTION Nursing om	address)	/ d. STREET ADDRESS 2338. Jameson.	St	e. IS RESIDENCE ON A FARM? YES NO

o. COPPI	nce George	MARYLAND	2. USUAL RESIDENCE (Wastate Maryland	here deceased lived. If institut b_COUNTY Prin		admission)
	WN (If outside corporate limits, write give nearest town)	c. LENGTH OF STAY IN 16	1 3 //3	outside corporate limits, write est Heights	RURAL ond give neares	t town)
Suit!	OSPITAL (If not in hospitol, give street and Nursing om		d. STREET ADDRESS 2338. Jan	meson. St		IS RESIDENCE ON A FARM? 'ES NO
3. NAME OF DECEASED (Type or print)	HELEN First H	EGINA Middle U	TLEY Lost	4. DATE OF Feb Mo	24.	19 <sup>60</sup>
Female Female		RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH NOV.12.19	9. AGE (In yeors lost birthdoy) 59 yrs	Months Doys F	UNDER 24 HRS. Hours Min.
during most Cler	JPATION (Give kind of work done 10b. of working life, even if retired)	kind of Business or Indu			12.CITIZEN OF W	HAT COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN			
Louis	s Urbine		Mary	Lou. Phaup		
15. WAS DECEAS! (Yes, no, or unknown)	ED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		rank H.Utl	107.Sal <sup>4</sup> t ey Wash. D	Sbury Dr C. 21	SE
Conditions gove rise couse (o), st lying couse	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  (b)  to immediate oting the under- lost.  I. OTHER SIGNIFICANT CONDITIONS.	necessing programme languation the contradition to death BU	chater FI NOT RELATED TO THE TERM	Solowers	VEN IN PART I(o) 19.	WAS AUTOPSY PERFORMED?
PART 1  200. ACCIDE OR CONTRIB (IF EITHER, N  20c. TIME OF Hour	NT WAS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port II of item 18.)		ES NO
20c. TIME OF Hour		Not while fo	ACE OF INJURY (Home, for octory, street, office bldg., et		(County)	(Stote)
21. I certi alive an_ ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)	fy that I attended the decease 14, 194		6, 1959, ta accurred at 7:301 M.D. 29011-2	M, fram the causes at ADDRESS (Street, city or town		
220. BURIAL, CREA REMOVAL (SI BULLIS	pecify) 0 00 70/0	22c. NAME OF CEMETERY CARLINGTON		22d. LOCATION (City, town, Arlington	or county) Virgini	(Stote)
	CTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE	
Lee.	Funeral Home	300. 4th st.	N E DATEFE	B 26'60 an	Thun S. Thank	

funeral director, old be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death may be retain by the haspital or attending physician.

TO FUNERAL DYNACTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 thurs after death. VS A15 (4) 15M 9/58

# MARK SOUTH STEERING VIE OF STATE Prince conice buries as a second of the second The and a second of the second Part Land American Come 2308. Jackson. Apr. 1872 THE REPORT OF SHORE emele United Told World Billion sinight melow area the same of since quality wood grade Frank H.Otlay F. B. P.C. 21

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VS. A15ME(5) 5M 9/55 M

02419

	7332							Reg. D	Dist. No	3.	
PLACE OF DEATH	19 0 4 3			2. USUAL	RESIDENCE (V	Where deced	sed lived. If institu	ution: Resid	lence be	fore admi	ission)
. COUNTY	Prince Geo	rges	MARYLA	ND a. STATI	Marv	land	b. COUNT	Y Pr	G. Ge	80.	
b. CITY OR TOWN	(It autside corporate limits, v	rrite RURAL	c. LENGTH OF STAY IN	1b c. CITY			porote limits, write	RURAL on	d give n	nearest to	wn)
Takoma	Park		5 years	54	Tak	coma :	Park				
		(If not in ho	spital, give street address)	d. STRE	ET ADDRESS			6 6 8	-	e. IS RI	ESIDENCE
	Kirklynn /	venue		/	1115	Kir	klynn Ave				A FARM?
3. NAME OF DECEASED	31 - 32 - 47	First	Middle		Lost	4. DATE	Mont	h	Day	Y	fear
(Type or print)	क्रमा न जा	Will	Liam Preston	Verli	ng	DEATH	Februs	ry	8,	1	9 60
S. SEX	6. COLOR OR RAC	E 7. MARRI	ED NEVER MARRIED	8. DATE OF BI	RTH		9. AGE (In years last birthday)				ER 24 HRS.
Male	white	WIDOWE	D DIVORCED	6-1	9-97		62 yrs.	Months	Days	Hours	Min.
Oa. USUAL OCCUPA		k done 10b.	KIND OF BUSINESS OR INC	OUSTRY   11. BIRTI	HPLACE (Slote	or foreign	country)	12. CI1	TIZEN O	F WHAT	COUNTRY
Cab Dr		,	ransportatio	n	Vir	ginia			U.S	.A.	
13. FATHER'S NAME	1161		Tempor da dio		R'S MAIDEN I						
Will	iam T. Ver	ling		Ber	tie E.	Diamo	ond				
15. WAS DECEASED	EVER IN U. S. ARMED	ORCES? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT		11177	Address				
(Yes, no. or unknown)	Ill yes, give war or dates		578-46-9180	Gladve	D Ver	ling.	same add		25	# 2.	
Yes	ATH [Enter only one of			Gradys	D. 101	2.24.5	Dane add	72 000		RVAL BETWE	FFN
	ATH WAS CAUSED BY				la a sada	£-47			ONS	ET AND DEA	ATH
	IMMEDIATE CAUSE	(0)	Acute con	gestive	neart	Tallu	re				
442X	DUE T	0		013973							
Canditions, if		(b)	Cardiovas	cular re	enal di	sease	•				
gove rise to imn (o), stoting the	b PALLS W	0									
couse lost.		(c)									
PART II. O	THER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERM	INALDISEAS	SE CONDITION GIV	VEN IN PAI			AUTOPSY PRMED? NO 25
PART II. O	ONTRIBUTING	20b. DESCRIB	E HOW INJURY OCCURRE	D. (Enter noture o	f injury in Por	t I or Port I	l of item 18.)				
20c. TIME OF INI		fear 20d. While		PLACE OF INJUR factory, street, of	Y (Home, forn	n, 20f. (Cit	y or town)	(Co	ounty)		(Stole)
Mour o. n		9 of w	_ 1401 WILLIA								
21. I certify	that I taak char	ge of the	remains described o	bove, held	an Autops	у П, І	nspection 🔼	, Inqui	ry 🔼	, and	find that
death results	ed fram: Natura	causes 5	, Accident ,	Suicide .	Homicide	. D. U	Indetermined	cause [	7.		
/	1		Λ.	,							
ACTUAL	John >	141 -	Dane.	CHIE	F MEDICAL E	XAMINED T	1			DATE S	IGNED
SIGNATURE	your .	1114	cony		STANT MEDIC	_					
EXAMINER'S NAME (Type)	John T. 1	Maloner	W. M.D.		TY MEDICAL			brua	ry 8	. 19	60
	ION. 22b. DATE THER		22c. NAME OF CEMETERY				TION (City, town,		-0	(Stote	
REMOVAL (Special	<sup>(y)</sup> 2/11/60		FT. LINCOLN						U 34		
23022	2//		ADDRESS	CEMETER:	-	D BY REGIS	CE GEO. (	STRAR'S SI			AND
23. FUNERAL DIRECTO	PUMPHREY.	INC.	SILVER SPRIN	IG. MD.							
Kaumier	11. 4. 2%	1 1 2			DATE	CDI	60 C	rthur &	Tun	ud	

#### MARYLAND STATE DEPARTMENT OF REALTH SALTIMORE TO GREDICAL EXAMINER'S CERTIFICATE OF DEATH.

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TO HOSPITAL OR

VS A1S (4) 15M 9/58

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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02420

	2260	CERTIFICA	AIL OI DEAI			Reg. Dist. No	<b>5</b> .
1. PLACE OF DEATH o. COUNTY  Prince Geor	ces ces	MARYLAND	2. USUAL RESIDENCE (Wood STATE	where deceased li	ived. If institution b. COUNTY		Georges
b. CITY OR TOWN (If autside carporate li RURAL and give nearest tawn)		LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	-	te limits, write RUI		
d. NAME OF HOSPITAL (If not in haspital OR INSTITUTION	verly, give street ad	12 da .	A Mt. F	Rainier			e. IS RESIDENCE ON A FARM?
Prince	Georg	res General	3309 Bi	mcker H	ill Rd.	74	YES NO
NAME OF DECEASED (Type or print) Charles	First	Middle	NACher	4. DATE OF DEATH	Fe h	D.	Day Year
S. SEX  6. COLOR OR RACE  M.M.	_		8. DATE OF BIRTH Oct. 19, 187			Manths Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of word during most of working life, even if retired Sexton—Retired	k dane 10b, Kl ed)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stat	e ar foreign cau	ntry)	12. CITIZEN O	OF WHAT COUNTRY
3. FATHER'S NAME	1	01141 011	14. MOTHER'S MAIDEN			1 00	
Mathias	Wagner			Barbara	Strub		
IS. WAS DECEASEDEVER IN U. S. ARMED F(  Yes, no, or unknown)	F service)		NFORMANT s. Alice M.	Vagner 3	Addre 309 Bunk		Rd.
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED 8) IMMEDIATE CAUSE DUE Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	(a) TO	for (a), (b), and (c).	riceccioca	ecea		N N	TERVAL BETWEEN NSET AND BEATH
PART II. OTHER SIGNIFICANT CO	e t	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	1	CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER	H	IBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II	I of item 18.)		
20c. TIME OF INJURY Month, Day, Hour a.m. p. m.	While	Nat while fa	ACE OF INJURY (Hame, for ctary, street, affice bldg., e	m, 20f. (City o	r tawn)	(Caunty	(State
21. I certify that I attended th	ne deceased	. /	, 1960, ta	2/2			w the decease
alive an /2 S	196	O, and that death	accurred at3130				
ACTUAL SIGNATURE SOME	24)	alsh	м.в. 900-	17all	et, city ar tawn, st	()/_	DATE SIGNE
PHYSICIAN'S NAME (Type)			>	led	. D.C		1 / -
220. BURIAL, CREMATION, REMOVAL (Specify) Purial Feb. 29		22c. NAME OF CEMETERY O			on (City, town, or ngdon, H	- "	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	11	ADDRESS	24a. REC	C'D BY REGISTRA	AR 24b. REGIST	RAR'S SIGNATU	
Torroben ten oli	Longs	THOS Polar	DATE DATE	FEB 2 9 '6	0 an	Thur S. Kr	aud

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VS A1S (4) 1SM 9/SB

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2311 CERTIFICATE OF DEATH

Reg. Dist. No. (12421

1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Maryland 36 years	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Hyattsville, Maryland.
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 4904 43rd ave	d. STREET ADDRESS  4904 43rd ave  o. IS RESIDENCE ON A FARM? YES \( \subseteq \) NO
3. NAME OF First Middle (Type or print) George Churchill	Walker  4. DATE Month Day Year OF DEATH February 13, 1960
s. sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Married Widowed Divorced Divorced	B. DATE OF BIRTH  May 10, 1878  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)  Real Estate  10b. KIND OF BUSINESS OR INDU self employed	Maryland U S A
13. FATHER'S NAME George N Walker	14. MOTHER'S MAIDEN NAME Elenia Brennan
(Yes, no, or unknown) (If yes, give war or dates of service)	Marie M Walker Hyattsville, Md.
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMENT
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRI   OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NOS XED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
	LACE OF INJURY (Home, farm, cotory, street, office bldg., etc.) (City or town) (County) (Stote)
	Dr. Leonard Hays ADDRESS (Street, city or lown, stote)  AND Balt. Ave.  Hyattsville, Md.
NAME (Type)  Leonard Hays  220. BURIAL, CREMATION,   22b. DATE THEREOF   22c. NAME OF CEMETERY (	Hyattsville, Md.  DR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 2/16/60 Rock Creek	Cemetery Washington D. C.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  F. Gasch's Sons, Hyattsville, Ma	ryland. DATEFEB 1 6 '60 Criby & Kraud

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shauld by	器)			2300							Reg. Die	t. No.	
should remati	7		LACE OF DEATH	2000				2. USUAL RESIDENCE (			-		
D	CA			Princ	ce Geor	rges MARY	CHA	o. STATE Maryl	and	b. COUNT	Y E	r. Geo	). V
Page , burial,	The state of the s	b	. CITY OR TOWN (If	outside corporate limits, wri	e RURAL	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (I			RURAL and	give nearest t	own)
P. P				ırel				41		Laurel			
6	V	9			If not in hospi	tal, give street address	)	d. STREET ADDRESS			075		RESIDENCE
direction brid			Davis Apa	artment;	$Bo_{x}$ 215	5		Davis	Aparti	nent; Be	ox 215		□ NO □
uneral your f		- 1	NAME OF DECEASED Type ar print)	Kenne Kenne		Ray	Wal	ters	4. DATE OF DEATH	Feb.	11,	Day	Yeor 60
for for		5. 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B.			9. AGE (In years lost birthday)	IF UNDER 1		DER 24 HRS
thed the			Male	white	WIDOWED	DIVORCED [		1-14-60	)	yrs.	Months D	Hours	Min.
and 3 and 3 e retain		10a	USUAL OCCUPATION USING MOST of warking	ON (Give kind of work g life, even if retired)	dane 10b, KII	ND OF BUSINESS OR I	NDUST	11. BIRTHPLACE (State		ountry)	12. CITIZ	U.S.A.	
oft 2, 2, 1 or	1	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME		-		
t hours			Thomas	Raymond :	Edwards	3		Lir	nda L	ee Walte:	rs		
	( )		WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. SC	OCIAL SECURITY NO.	17. IN	FORMANT		Address		44	
ive Par	-			(ii yes, gire war ar asiar ar			Lir	da Lee Walte	ers ;	same ad	dress a	as # 2	
M3 CHI			18. CAUSE OF DEAT	H [Enter only one car	use per line fo	r (a), (b), and (c).]						INTERVAL BETY ONSET AND D	VEEN
Tage Per			PART I. DEAT	H WAS CAUSED BY:	L	obar Pneum	onia	a				ORSET AND D	LAIN
Hem fait			7630	DUE TO						J	Copyright Copyright		11
with tra			Canditions, if ar										
and but			gave rise to immed (a), stating the u										25
shour a alc			cause last.	) (c									
ficate s ding" i Office	2	CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	ITRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	1(o) 19. WAS PERF YES X	ORMED?
d pen		CERTIF	20a. EXTERNAL CAU PRIMARY ☐ ar CON CAUSE OF DEATH.	SE WAS TRIBUTING [	b. DESCRIBE	HOW INJURY OCCUR	ED. (E	nter noture af injury in Por	t i ar Port ii	of item 1B.)	4.25		
war Exe Shav		SE	20c. TIME OF INJUR	Y Manth, Day, Ye		JURY OCCURRED 20	PLAC	E OF INJURY (Hame, farm	n, 20f. (City	or town)	(Caur	ty)	(State)
the dical		MEDICAL	Haur a. m. p. m.	19	While at wark	Not while at wark	tacto	ry, street, office bldg., etc	' i				
Me			21. I certify th	ot I toak charge	of the re	mains described	obo	ve, held on Autops	y Se, li	nspection 🔀	, Inquiry	K, ond	find the
writh write			deoth resulted	from: Notural	couses	, Agcident _,	Suid	ide [], Homicide	T, U	ndetermined			
ote, other				26 >	014	0						D 4 800	CICLIED
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cute the farwarde O FUNER.		220	REMOVAL (Specify)	N. 226. DATE THEREC	//	2c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCA	TION (City, town,	ar county)	(Sto	ite)
7 7	2	22	FUNERAL DIRECTOR"	SIGNIFIEDE	60 3	ADDRESS O		melly	D BY BECKE	nage	1 K	X.	
VS. A15ME(5)	1	13.	De 61 ,77	Can -	leen	Lance	1	7. 1		RAR 246. REGI			
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1		2424
D :=		Reg. Dist. No.
shoul cremo	No.	1. PLACE OF DEATH a. COUNTY  O. STATE  O. STAT
Page burial,		b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
P P		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
directilles.	X	noylor Road noylor (Jan VES D'NO)
your f		3. NAME OF DECEASED (Type or print) Ceche Trartype Wedge DEATH 7eb 1296
the far hed far		5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCE
retaine 2 with		10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mest of working life, even if retired)
2, and and	1	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. FATHER'S MAIDEN NAME  16. MOTHER'S MAIDEN NAME  17. MOTHER'S MAIDEN NAME  18. MOTHER'S MAIDEN NAME
ages 1, 2 ge 5 may pages 1	1)	Kabert Joseph Wedge Evelyn Forese Chase
Page File po		15. WAS DECEASED EVER IN U. S. (ARMED FORCES? 16. SOCIAL SECURITY NO.) 17. INFORMANT  (Yes. no. by unknown) If yes, give wastor dates of service)  (Yes. no. by unknown) Was Evely L Wedge Agree of Figure 1.
M. W. G.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]
form PM3 it permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PAG 11 - PAG 12 -
Item h for		493× DUE TO
vit.	- 1	Canditions, if ony, which (b)
alang alang burial		gave rise to immediate cause (o), stating the underlying cause last.  DUE TO (c)
nding" ir	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO TO
pe ine		20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
word should		
2 2 2		20c. TIME OF INJURY Month, Day, Year Haur o. m. p. m. 19 20d. INJURY OCCURRED While Not while at work at work at work 19 20f. (City or tawn) (Caunty) (Stote)
Medi H		21. I certify that I taak charge of the remains described above, held an Autapsy 🔲, Inspection 📝, Inquiry 🔯, and find tha
Chief		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
A Cale		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
Al Al	5	EXAMINER'S ( ASSISTANT MEDICAL EXAMINER )
prworded FUNERAL	2	NAME (Typo) LAMES 100 GEPUTY MEDICAL EXAMINER 1 2-12-60
forw or re		220 BURIAL TCREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  REMOVAL TSpecify) 2-14-60 WAShird Church Chinetery Alanoette MA
S. A15ME(5)	01	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE
SM 9/55	1.	Henry & Washington 4923 welcome Wee 1 parte FEB 15'60 arily S. Frank
169		9 VVV VVXVV Wanter

## WARVLAND STATE DEPARTMENT OF HEALTH-EALTHMORE, TO

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02426 Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  Death and a county	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  o. STATE Marvland b. COUNTY Prince George
b. CITY OR TOWN   f outside corporate limits, write RURAL   c. LENGTH OF STAY IN 1b	212100 000150
Seat Pleasant  4-Yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 7238-Booker Drive	d. STREET ADDRESS 7238—Booker Drive  on A FARM? YES □ NO □
	iams   4. DATE   Month   Doy Year   19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.  Male Negro widowed Divorced	DATE OF BIRTH  Dec. 28, 1927  9. AGE (in years let birthday) 32  yrs.  Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)  Truck Driver  G. S. A.	
13. FATHER'S NAME John Williams	14. MOTHER'S MAIDEN NAME Bessie Barnette
(Yes, no, or unknown)	AFORMANT 7238 ABOOKER Drive adie Williams Seat Pleasant Md
3 Obesity - frente calar	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO THE NATURE OF INJURY IN Part 1 ar Part 11 af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE foote of work of	CE OF INJURY (Hame, farm, pry, streel, office bldg., etc.) (City ar town) (County) (State)
21. I certify that I took charge of the remains described about death resulted from: Natural causes Accident , Suice ACTUAL SIGNATURE ACTUAL SIGNATURE	cide
EXAMINET'S DOTN T- MALONEY	ASSISTANT MEDICAL EXAMINER 27-60
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR SEMOVAL (Specify) 2-11-60 LINCONN	lemorial Suitland Md.
29-FUNERAL DIRECTOR'S SIGNATURE POLLINS Ph., n. E.	246. REGISTRAR 246. REGISTRAR 2516 HATURE  1 DATE EB 1 0 '60

forwarded forwarded TO FUNERAL of or removal. VS. A15ME(5) 5M 9/55

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VS A15 (4) 15M 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2369 **CERTIFICATE OF DEATH** 

02427 Reg. Dist. No.

-	1. PLACE OF DEATH o. COUNTY Pri	nceGeorges	MARYLA		USUAL RESIDENCE (Wo. STATE	here deceosed	l lived. If institution b. COUNTY			ission)
)	b. CITY OR TOWN (II RURAL and give ne	outside corporate limits, wri arest tawn)		1 1b	c. CITY OR TOWN (IF	autside corpor	rote limits, write R			wn)
7	d. NAME OF HOSPIT. OR INSTITUTION	everly AL (If not in haspital, give str Georges Gener			d. STREET ADDRESS	idywine	72		ON	SIDENCE A FARM?
	3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mon	th	Day	Yeor
	(Type or print)	Nannie			Villiams	DEATH		eb. 17		19 60
	5. SEX Femiliae		ARRIED NEVER MARRIED	_	ATE OF BIRTH  23 June 18		9. AGE (In years lost birthday) 60 yrs.	Months D	ays Hour	
	10a. USUAL OCCUPATIO	N (Give kind of wark done	10b. KIND OF BUSINESS OR	INDUSTRY				12. CITIZE	N OF WHAT	COUNTRY?
	Housewif	ing life, even if retired)	Domestic		High Poin	t. N.	O.	I	JSA	
1	13. FATHER'S NAME	.0		1	4. MOTHER'S MAIDEN					
1	Nicodemu	s Brown		I	olly Patte	rson				
			16. SOCIAL SECURITY NO.	INFO	RMANT		Add	ress	-	
	[Yes, no, or unknown]	If yes, give war or dates of service)		Mrs.	Chester G	. Will:	iams Sr.	Same	as #	2.
	PART I. DEA'  Conditions, if ar gove rise to in couse (o), stating the lying couse lost.	nmediote DUE TO (c)	Periphr	al e	Lasci Scler			bre	INTERVAL ONSET AN	D DEATH
)	PART II. OTH	EK SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEAT	H BUT NO	I KELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	'EN IN PART 1	PERF	ORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20b. [] CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCC	CURRED. (E	inter noture of injury in	Part I or Port	II of item 18.)		- 77	
	20c. TIME OF INJURY Hour a. m. p. m.	W	d. INJURY OCCURRED 2 hile Not while work at work	0e. PLACE foctory	OF INJURY (Home, for , street, affice bldg., et	m, 20f. (City	or town)	(Co	unty)	(Stote)
	actual signature PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION	of 17  formin  Benjamin  1	eased fram. Feb.  P. 60, and that a  Pulle  Miller M.D.3	M.D	3824 3 Mt Rai	M, fram ADDRESS (St. Blith St. Inier,	the causes an reet, city or town,  Md  ION (City, town,	d an the costate)	date state	
	REMOVAL (Specify)  23. FUNERAL DIRECTOR'S	Feb. 19-60	Floral Park	c Cem	77		Point, N		· ·	
-	5/mm	ENS BUNG	ADDRESS HE	J. S	DATE PE	B 1 8 '6	0	thun 2. fi		

ears.

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02428

	~ 10			-	Reg	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY Prin	nce Georges	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryla	nere deceased lived.	If institution: Rep. COUNTYPT	nce Geo	odmission)
b. CITY OR TOWN (I RURAL and give no Aquasco	If autside carporate limits, wr earest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a		nits, write RURAL	and give near	est town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give st	reet address)	d. STREET ADDRESS				ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First SHELF	Middle BY S.	Y OUNG	4. DATE OF DEATH	Month Feb	Doy 20	Year 1960
5. SEX Male	7077 - 2 4	MARRIED MEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH April 18, 188	9. AG	E (In years   IF UI birthday)   Mor		Hours Min.
100. USUAL OCCUPATION during most of work	king life, even if retired)	Farming	USTRY 11. BIRTHPLACE (State Maryla		1		S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N				
NO 18. CAUSE OF DEA	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	213-05-4486 M	Mary R. Ada		Address , Maryla	INTER	RVAL BETWEEN
Conditions, if a gove rise to i cause (a), stating lying couse last.	mmediate ( DUE TO	hime (	arma fension	y De	sea	u y	race brace
20g. ACCIDENT WA		DESCRIBE HOW INJURY OCCURRI		NAL DISEASE CON		N PART 1(9) 19	PERFORMED? YES NO
20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Year 20	Od. INJURY OCCURRED 20e. Pi /hile Not while fo	LACE OF INJURY (Home, form octory, street, office bldg., etc	20f. (City or tow	vn)	(County)	(Stole)
21. I certify the alive an	I M. K.			PM, from the ADDRESS (Street, ci	causes and	an the date	w the deceased e stated above DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify) BULLAL		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (	City, town, or cou		(Stote)
23. FUNERAL DIRECTOR The Huntt		, Waldorf, Maryl		D BY REGISTRAR FEB 2 4 '60	24b. REGISTRAR		

may be retained by the haspital ar attending physician.

O FUNERAL IN TOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by TO FUNERAL I VS A15 (4) 15M 9/55

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	TOTAL THE STATE OF			
				VIII PARTY
				10 mg/441

02429

_										Keg. Dis	11. 110.		
1.	PLACE OF DEATH o. COUNTY	0		MARY	LAND		DENCE (Who	ere deceased live	d. If institutio		ce before	e admissi	on)
	KUKAL ond give ne			c. LENGTH OF STAY		c. CITY OR T		utside corporate	limits, write RU	IRAL ond g	give near	rest town	2
	d. NAME OF HOSPIT. OR INSTITUTION PTINCE	AC (If Not in hospitol, gir George Gene:	ral F	Hospital		d. STREET A	DDRESS						DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Della First		Middle Crane		Yutzy		4. DATE OF DEATH	Mont Fel		Day		<sup>rear</sup> 9 60
5.	Female	Table 2 de a	7. MARR	D IN DIVORCE		May 30	1,00	9. A	GE (In years of birthdoy) 73 yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min.
10	o. USUAL OCCUPATIO during most of work House Wo	N (Give kind of work ding life, even if retired)		kind of Business o	R INDUS	Mary.		ar fareign cauntr	у)		S.		OUNTRY?
13.	Benjam	ine F. Cr	ane			14. MOTHER'S	MAIDEN N		ě.				
1S. {Ye	. WAS DECEASED EVER	R IN U. S. ARMED FORC If yes, give war or dates of ser	ES? 16. :	SOCIAL SECURITY NO.	Mr	FORMANT	e Ric	е Ну	atts <b>v</b> :		, Mo	i.	
		mmediate (DUE TO	Se per lin	e for (o), (b), and (c).  andiac  ouonaly  auteuro	dec	elusi Pehoti	isati	legut	lisea	ine		RVAL BET	
CERTIFICATION		ER SIGNIFICANT COND	ITIONS_C	ONTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASE CO	NDITION GIVE	N IN PART	T 1(a) 19	PERFO	AUTOPSY RMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	Юb. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter noture o	of injury in P	ort 1 ar Part 11 o	f item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Day, Year 19	While	Not while at wark	20e. PLA fact	CE OF INJURY (I ory, street, office	Hame, farm, e bldg., etc.	20f. (City or t	own)	(0	County)	I	(Stote)
	21 I certify the	at I attended the	decense	ed from		19	to	Feb. 14	10 60	hat I la	st saw	the de	ecensed
	alive an	1) Pa	1061				8:45A	M, fram the	causes and	d on the		stated	
	PHYSICIAN'S NAME (Type)	MANNE	2	SAHA	KI	DN.	4,						
1	REMOVAL (Specify)	27171	1960	22c. NAME OF CEME	TERY OR	EMATORY /		22d. LOCATION	LAN 8		1	(State	2)
23.	FUNERAL DIRECTOR	SIGNATURE	30	and Md	11	1.15		B 2 4 '60	24b. REGIS	TRAR'S SIC		E	

APPENDING STREET PARTY. 4 3 1 11 SYLL COURT Della Creno IT . IBS TE The second of the second of the second . 4.8.5 oblaw effered ement a entmained ins. sade Mose Trathestille, so. KIND OF THE STATE A Service Control Control of the Service Service 5A W 594 Contraction of the second contraction of the second Self-add to the called neighbor at the

## 2434 CERTIFICATE OF DEATH directar, 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George 1. PLACE OF DEATH o. COUNTY o. STATE Maryland filed Prince George MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Pe PURA and give peorest town) 37vrs Parkland should d. NAME OF HOSPITAL (If not in hospital, give street address) # d. STREET ADDRESS OR INSTITUTION 67 Addison Avenue Addison Avenue C 3. NAME OF Middle DATE DECEASED (Type or print) DEATH 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years campletely lost birthdoy) Male Vhite DIVORCED TX WIDOWED | yrs 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Musician Retired Kansas and 용 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate Anna Secabic Joseph Zajic 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Zajic Yes John E. Parkland. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 6 Canditions, if any, which gave rise to immediate in c **DUE TO** couse (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, tEnter nature of injury in Part 1 or Part II of item 18.1 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc. Hour o. m Not while at work of work 21. I certify that I attended the deceased fram, 196 that I last saw the deceased alive an M, fram the causes and an the date stated above. det ACTUAL shaul PHYSICIAN'S NAME (Type) Chester Brady York Ave N.W. Wash, D.C. FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LQCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY page 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) aring S. Thousa 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02430

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

Addison Ave

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (Stole)

DATE SIGNED

(Stote)

Doys

(County)

Months

ON A FARMA

YES NO

Year

19

Reg. Dist. No.

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